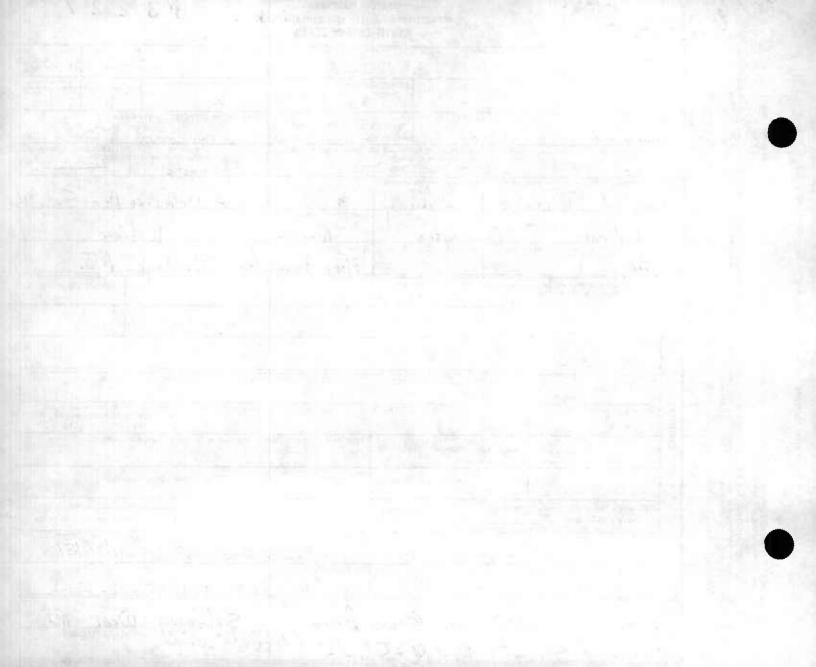
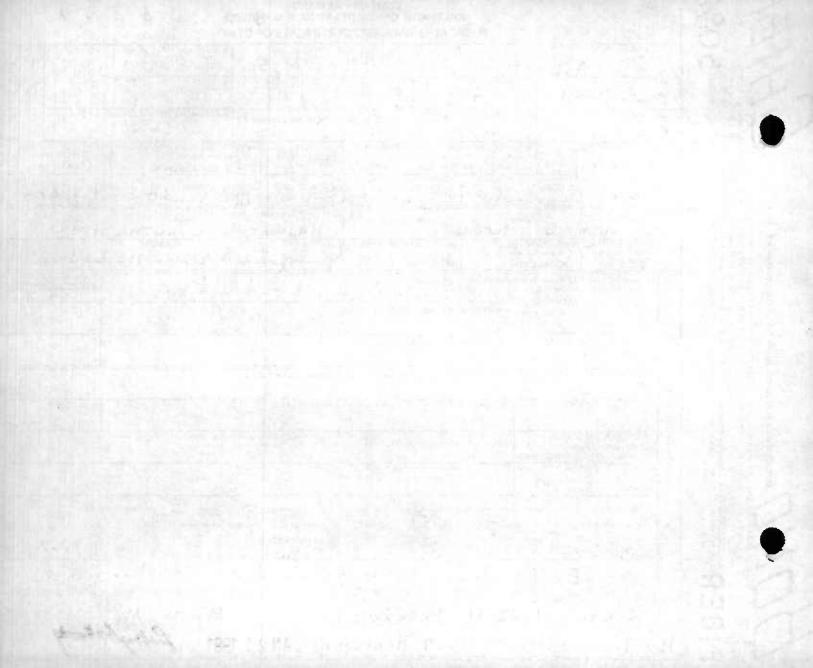
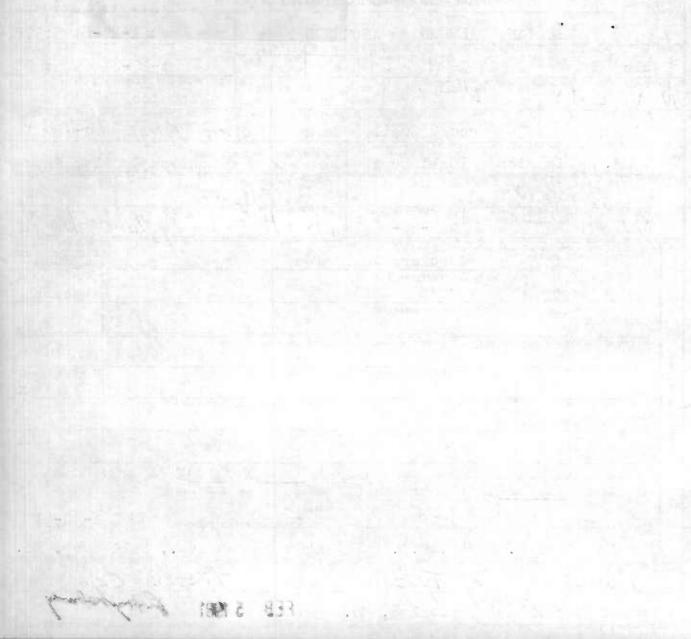
	1	FOR - STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	REG. N	0 3	Em Em	
		CEASED NAME	FIRST	^	MIDDLE	ı	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
nay be page 3	{TYP	E OR PRINT)	Ossie		1	М.	ADAMS		1-3	0-81	12:25P
ma pa	3, SE	X		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS
1 1/2		F		E	3	MONTH	8-1-00 YEAR	80	YRS.	MONTHS DAYS	HOURS MIN
Tall Man		SIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
		MARYLAND		4.5	A.	WIDOWE			0		
1 25 1	10 0	ITY OR TOWN OF		11. NAME OF	HOSPITAL, NURS	ING HOME C	ROTHER INSTITUTION	Wicomico	COUNTY	12h, KIND O	F BUSINESS O
43 47/	0.1	d a harrer	133	Calich	HEACHITY, GIVE STREET	et address)	nne	(TYPE OF WORK FOR MOST		E) INDUSTRY	
Thursday		isbury	IURSING HOME OR				JIIC	Domes	TIC		
2 20 12	13e.	STATE /	136 COUN		13c CITY OR TO		134. INSIDE CITY LIMITS?	13. STREET ADDRESS	1	Λ	-1
or and	1/	lary/ant	Wic	omico	SALish	Man	YES 🔁 NO	138 D	FLAWAR	5 FIVE	DALE
2 2 2 A	H	ATHER'S NAME	A	AIDDLE	LASY	1	15. MOTHER'S MAIDEN NA	MIDDLE		/ LAS	,
ath of d		Will: A	n	FA	RRINGTOI	O)	Martha			tees	
9 90		WAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	41_	
a 150 f		No	(* 103,011	or ories	WATE-18		Flora tarrin	vator Pou	+ Nous	. N.J	
cath ici ers.	-	LIS CAUSE OF DE	ATH (Enter onl	v 000 cours 00c	line far (a), (b), a	ndiali	TIOCH THE ST	7	TVE I - I B	APPROX	MATE INTERVAL
rtiff Shys Sape Mov		PART I. DEATH	WAS CAUSE	BY.		TEVA				BETWEEN	ONSET AND DEATH
h ce ng p		1100	IMMEDIAT	E CAUSE (a)	india	VE VIII			_		
the death e attendin ove carbo ove traum		47	2	DUE TO, OF	R AS A CONSEOL	UENCE OF	6				
atte we o		Conditions, if o	ny, which	(ib)		Asc	(1)			year	Δ
at the the smooth outh		gave rise to	immediate ating the	DUE TO OF	R AS A CONSEOU	HENCE OF					
s this se reserved in, or		underlying co		100210,01	LAS A CONSECU	UENCE OF					
uire ned plea plea jury	1	PART 2 OTHERS	IGNIEICANT C	ONDITIONS CO	ONITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINIAL DISEASE OR CON	DITIONICA	ENLINE DADE N	
aw requires that the death certification is a signed by the attending physics. Then please remove carbon papers. or to burial, cremation, or removal. any injury, or other traumatic even	CERTIFICATION	TAKT 2 OTTER 3	pre	, left c	US AU	wight !	hemperis	MINAL DISEASE OR COR	IDITION GIV	EN IN PART II	,
	1₹.	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES	, WERE FINDIN	IGS USED
TT: TI	ΙĔ							YES NO		YING CAUSES	OF DEATH?
	- 1	21a. ACCIDENT WAS	UNDERLYING	216. TIME O	F IN IURY	-	21c HOW INJURY OCCUR				NO []
HYSICIAN physician. is certificat ial-transit p ental Hygis		OR CONTRIBUTING		110110 4 1		DAY YEAR	I TO TO MAJORI OCCOR	RED TENTER MATORE OF INSC	K1 W4 IIEM 10, F	ANTI OR PART 2)	
PHYS ng phy this ce urial-I Ment d or I	₫	(IF EITHER, NOTIFY ME		P./		19					
G PH ding er th burned M	MEDICAL	21d. INJURY OCC		21e PLACE C	OF INJURY	SADA STC \	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DING ttendir After s the bi th and market	>	AT WORK AT	WORK	(ATTIONE, STA	ter, racioni, orrice.	, ranm, erc j		511 04 10			31012
RR: Att	1	22a.1 certify that		of) ottended the	e deceased from		. 19	to		19	that (I) (we) la
hospital or a DIRECTOR hed for use a Dept. of Heal if Item 21 is			ased olive on_				d that in (my) (our) opinion				
the hospital AL DIRECT stached for the Dept. of		obove, (I) (we	(did) (did not) view the body	after death.				ore ond noo		
Dep Dep Tit	1	226 SIGNATURE	-	- 0			DEGREE			22c DATE	
TAL y the h RAL D detach trate D		1/arch	YI.A.	J gene	2	mp.	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	1/30	181
SPI By Spi Sta	1	224 PHYSICIAN'S	NAME (TYPE OR	PRINT)		-	22e ADDRESS				
HOS tained FUN ould by th the	13	1000			24.5			== ===			1.001
TO HOSPITAL STATAL STAT					ALD, M.D		CIVIC AVE,&		SBURY	, MD. 2	1801
F	23a.	BURIAL, CREMATIO	N, REMOVAL	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		Rueial		2-3-	1981	GREEN	HRCES		124	11)00	Md
	24 F	UNERAL DIRECTOR		1	1.12			E REC'D. BY REGISTRAF		RAR'S SIGNAT	URE
DHMH-16 25M (VRA 15, 4) 1/79	1	7 HAME	10	+	ADDRESS T	116	1. 01	EB 4 1981	hoof	7,500	7
(VIIA 13, 4) 1//9		LINTON	TITE	WARI	WESTK	d 4 V	ivia)				



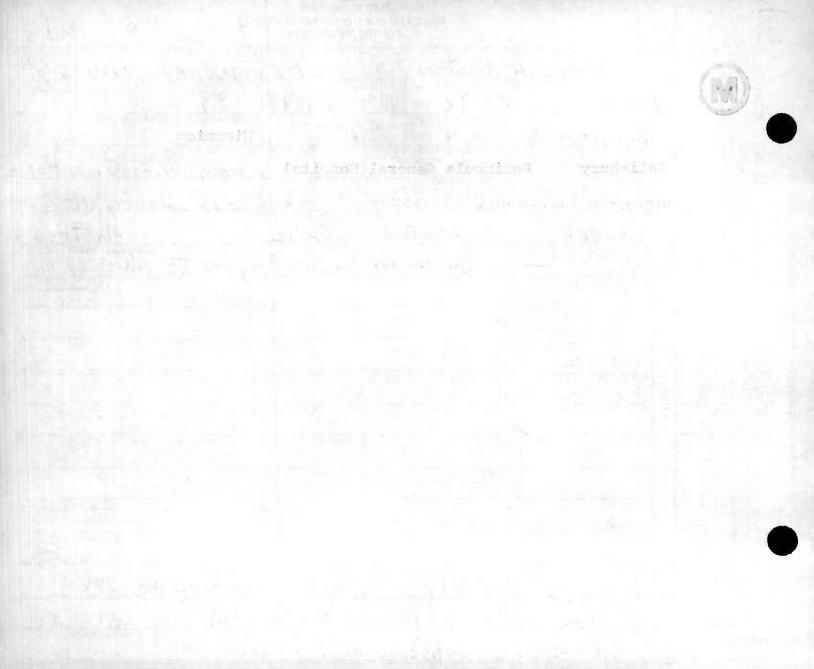
			STATE OF MARYLAND	2 2 8
12		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HEGIENE U 5	. 4. 4
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN W MON	- 1112
2022		Alber	rt E. MITOROX, SR. DEATH MATED []	1981 PM
20.00	I SEX	1 1. 7	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MON HONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	120. HOUR _
1 Enotes		Male White	9 17 25 55 YRS. DEAD	17 1981 PM
一 を経験部分で	FC	RTHPLACE (STATE OR 71 PREIGN COUNTRY)	B. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COL	
3000		/ARYLAND	U. S. A. WIDOWED DIVORCED Wilcomi	MD.
PAGE PRIED	10. C	1. 1	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
DELAN N PA N PA N PA N PA N PA N PA N PA N		Misbury	Peninsyla Ban 1 MOS POLICEMAN	CITY
- > A - B		AL RESIDENCE (IF IN NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (1TY LIMITS? 13e. STREET ADDRESS A	1 0
21201 IF AN' P. AND 3. RET. SHOUI		Md Word		outego DA7
O I . NY	14. F.	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
	1	WILLIAM S.	ALFORD HARRIET V. COANTHO	VAITE
MORE PAGE FORM SS 1 AR	16a. \	WAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE WA	RORDATES)	0 0
SIG SIG		YES. KORE		sac dane
200		18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B	ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (0) Chronic Obstruction and	years.
PRESTON VITHIN 24 CIL IN ITE INER ALOR ANSIT PER MOVAL.		4760	DUE TO, OR AS A CONSEQUENCE OF	0
NER ANS	15	Canditians, if any, which gave rise to immediate	(b)	
W AW AW EN I		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
301 W CUTED IN PEI IN PEI IN MEN-T ID MEN I, OR RI			(c)	
IL RECORDS, 30 JULD BE EXECUT PER MEDICAL ESTER SED AS A BURLY F HEALTH AND I CREMATION, O	7	PART 2 OTHER SIGNIFICANT CONDITIONS COM	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
RECORDS ILD BE EXE PENDING F MEDICA ED AS A B HEALTH AN REMATION	CERTIFICATION	19a, DATE OF OPERATION		
SHOULD SHOULD OND "PER CHIEF A LE USED IN CREE IN OF HEAD	Q.	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
JOVISION OF VITAL CERTIFICATE SHOU ITING THE WORD " IDED TO THE CHE E 3 SHOULD BE USE E 3 SHOULD BE USE PRORIO BURRAI, OF	RITE	21g. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1.	YES U NO U
PICATE THE WC OULD B RYMENI		UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	RPART2)
DIVISION S CERTIFIC STING TH RDED TO E 3 SHOUL E DEPART	MEDICAL	CONTRIBUTING CAUSE OF DE.	ATH P.M. 19 21e, PLACE OF INJURY (AT HOME, 121f, LOCATION	
CERTIFICE TO SEE 3 SHOE	MED		STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVIS PITHIS CER TE, WRITING RWARDED PAGE 3 S STATE DEP		AT WORK AT WORK		
S S S S		22a. I certify that I taak charge o	of the remains described above, held an Autapsy . Inspection . Inquiry . and in m	y apinian
EXAMINER. CERTIFICATI DIRECTOR WITH THE		death resulted fram: // Natural	causes , Accident , Suicide , Hamicide , Undetermined manner ,	
XAA EERT ULD OIRE WAITI		50.	TITLE (SPECIFY)	11001
CAL EXA THE CER SHOULD ATH, WIT		ACTUAL	M.D. Debut MEDICAL EXAMINER SK	SNED 8-8
MEDICA CUTE TO SE 4 SE SE 6 SE SE 7 SE CENORE		EXAMINER'S NAME FALCI	1 RX - 409 Candal the Salisbu	-y md
		(TYPE OR PRINT)	ADDRESS.	
PAC PAC BAI	23a. B	URIAL, CREMATION, REMOVAL 236.	CITY OR TOWN	COUNTY STATE
BP	01.0	OURIAL 1	-22-81 PARKWOOD CEM. BALTO, M	D C C C C C C C C C C C C C C C C C C C
DHMH - 17 (VR A15 ME (5))	11	UNERAL DIRECTOR	- ADDRESS 527 HARFORD RD JAN 2.1 1981	MEDWOOD
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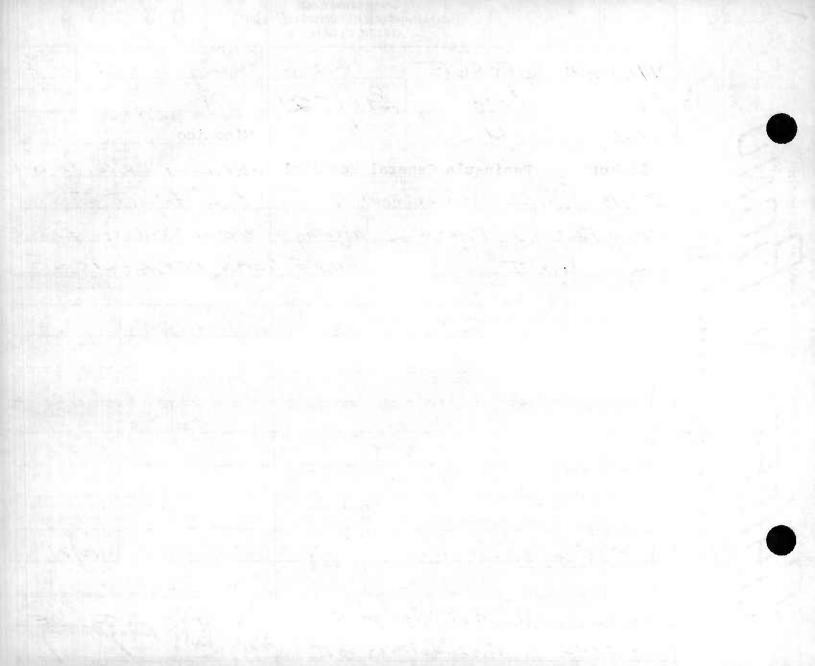
	W	1-5	e item OR STATE REGISTRAR	18-22 Fi		DEPARTME	NT OF HEAL	F MARYLAND TH AND MENTA CERTIFICATI	U	T-13	0 3 G. NO.	2 3	0
	-X		EASED NAM	E FIRST	***	MIDDLE		ŁAST		20. DATE KNOW		DAY YEAR	2b. HOUR
	ANA		OR PRINT)	IRMA		ADKINS		ASKEY		OF ESTI- DEATH MATE	D X 1-	1-81,	A M
		3. SEX	-	4. RACE	S. DATE OF BIRT	Y YEAR L	AST BIRTHOAY) M	UNDER 1 YR. IF UN		2t. DATE PRONOUNCED	1-1-8	DAY YEAR	2d, HOUR
	\$0.000 J	-	male	White	4 18		65 YRS.			DEAD		17	2:15F
	野親男ろ	FOR	THPLACE (S			WHAT COUNTRY	M	RRIED NEVER M	ARRIED ORCED	9. BALTIMORE C		NIY OF DEATH	
	22 S	10. CIT	Y OR TOWN	Md • OF DEATH	II. NAME OF H	S.A.	G HOME, OR	THER INSTITUTION	12a. USU	AL OCCUPATION	TYPE OF WORK	12b. KIND OF B	USINESS
	PAGE PAGE SE FILE		alisb			racility, GIVE STREET		•	h	OUSOWIT	e	own ho	
21201	IF ANY DE 3. RETAIN SHOULD BE FECORDS	⊌SUA 13a. ST		(IF IN NURSING HOME OF 13b, COUN'	ROTHER INSTITUTION, TY OMICO	13c. CITY OR Sal	re admission) TOWN Sbury	134. INSIDE CITY LIMIT	15? 13e, STRE	T Druid	Hill	Ave.	
	H. II.	14. FA	THER'S NAM		MIDDLE	1467		15. MOTHER'S M	AIDEN NAME	WIDDLE		LAST	
E, MD.	SES 1		rthur		C •	Adkin		Nett		В.		rown	
AOR	PAO OR		AS DECEASES, NO, OR UNKNO	DEVER IN U.S. ARA			SECURITY NO.	17. INFORMAN		•	DRESS		
BALTIMORE,	URS AFI B. GIVE WITH P PAGES DIVISIO		no				6-1920	Wilbur	Aske	y, Sr.,	same		
	M 18. NG W WE, DI		18. CAUSE C	OF DEATH (Enter and EATH WAS CAUSED	BY:		d(c).) ry Occl	າຣຳດກ				BETWEEN ONS	TE INTERVAL
NO	124 I ITEM 10N PER/ 31EN		41	O CHMEDIAT		OR AS A CONSEC		TOT OIL					
EST	WITHIN NCIL IN MINER A FRANSIT UTAL HYCE EMOVAL			ns, if any, which		SK NO N CONSEC	202,102,01						
W. PRESTON ST			cause (a	ise to immediate) stating the <u>under-</u>	DUE TO,	OR AS A CONSEC	QUENCE OF						
301	H X X X X		lying car		(c)								
DIVISION OF VITAL RECORDS,	ULD BE EXECU "PENDING" IN EF MEDICAL E SED AS A BURI HEALTH AND CREMATION, C	NO	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DI	EASE OR CONDITION GIVEN	IN PART 1 (a).				
AL RE	SED CRE	CERTIFICATION	19a. DATE OI	FOPERATION	19b. CON	DITION FOR WH	ICH OPERATIO	WAS PERFORMED?			III.	20. AUTOPS	
VII.	ORD ORD ORD CHII OF IN OF	RTIF			(21) 71)/2							YES .	NO X
ON OF	CERTIFICATE SHITING THE WORLDED TO THE CIES SHOULD BE COPPARTMENT CIED PRIOR TO BURIAN		UNDERLYING	AL CAUSE WAS GOR ING CAUSE OF D	HOUR A	OF INJURY M. MONTH DA		. HOW INJURY OCCI	URRED (ENTERN	iature of injury in i	EM 18 PART 1 OR I	PART 2)	
DIVISIO	WRITING ARDED 1 GE 3 SH VTE DEPA 01 PRIOR	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK		E OF INJURY (A ACTORY, FARM, ETC.)	T HOME, 21f	LOCATION STREET		CITY OR TOWN	c	COUNTY	STATE
•	EXAMINER: THE CERTIFICATE, VID BE FORW DIRECTOR: PAWITH THE STARY ARYLAND, 212		1.00	ify that I taak charg	ge of the remains of	described abave, Accident	7		Y)	Inquiry X ermined manner		nding	81
	SHE SHE		EXAMINER'S	NAME Ear	1 L. R	over. M	.D.	1,09	74120	en Ave.			
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	23a. BU	TYPE OR PR	TION, REMOVAL 2				ADDRESS 4 7		OCATION OR TOWN		DUNTY	CTAYE
	BP	(5	buria		1-4-81	Wic	omico	Memorial	. Park	, Salis	bury,	Wic.,	Md.
	DHMH - 17	24 FU	NERAL DIRE	CTOR	ADDR	ESS		25a. D	ATE RECOVEY	SEGISTING Th	REGIONAL	THE VERY BELLE	andy
	(VR A15 ME (5)) 15M 7/76	Hi	11- Ba	ker-Bou			y, Md.		41111	- 104.	-		1

ADD CONTRACTOR

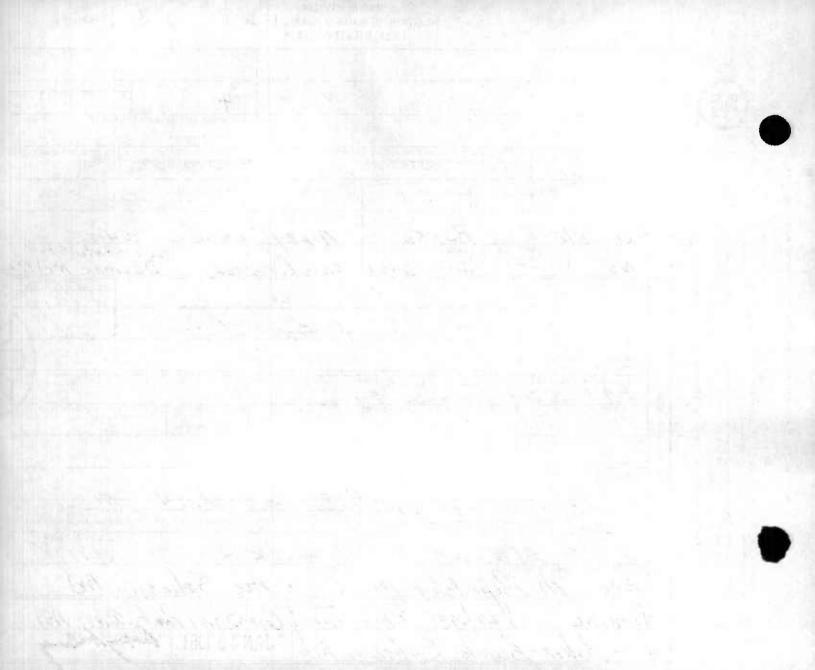


- 1			STATE OF MARYLAND			
	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 3 2 3	2
	DECEASED NAME FIRST TYPE OR PRINT) BECN	MIDDLE C.	BAILER	JANUARY	01 1601 1	HOUR 35
A) 3	FEMALE	1. RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA		JNDER 24 HRS
Jet K	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTY		9. BALTIMORE CITY OR C	OUNTY OF DEATH	
180	Salisbury	THE NOT IN SUCH FACILITY, GIVE ST	SINGHOME OR OTHER INSTITUTION REET ADDRESS) Eneral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		
130	SUAL RESIDENCE (IF NURSING HOME 30 STATE) 13h CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY OR T		13e STREET ADDRESS	VICIN AU	E,
Semine 30	ERMAL C	DMODLE CLOGG	15. MOTHER'S MAIDEN N.	OIA FILL	SOFREY	
the medical	WAS DECEASED EVER IN U.S. (YES, NO DRYNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 2/3-27	-9713 DENDED	PAILEY - L	BERLIN, ME),
injury, ar other traumatic		DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) T CONDITIONS CONTRIBUTING		MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	
ked ar Item 18 shaws ari	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		DE IF YES, WERE FINDINGS L CERTIFYING CAUSES OF D YES \(\)	
and the state of t	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 214. INJURY OCCURRED		DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC } STREET	CITY OR TOWN	COUNTY	STATE
23 is	saw the deceased alive	poital) attended the deceased from 1/2.4 17	m	death accurred an the date		(I) (aud) lo es stated
7. # Hem	22b. SIGNATURE	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN	VED.
IMPORTANT: #	305 PAN SICIANIS NAME (TYPE	EORPRINT)	22e ADDRESS			
: ≥ 2	30 BURIAL, CREMATION, REMOV	1-26-8/ 2	36 NAME OF CEMETERY OF CREMATORY	23d. LOCATION	CLE, WOR	MO
/80	FUNERAL DIRECTOR	NEDA ILANDE		BRZ D. BY B TRAR 25	HECISTRAL COICHATURE	y

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGINE 1 0 3	2 3 3
noy be		CEASED NAME - FIRST	GEORGE	BAKEY S. DATEOF BIRTH	20 DATE OF DEATH MONTH JANUARY 121 6. AGE (IN YEAR JAST BIRTHDAY)	DAY YEAR 26. HOUR30
Poge 4	To B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	SOCT SI	YRS.	MONTHS DAYS HOURS MIN.
the funeral d within 72	10. C	MQ ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION et address)	Wicomico 120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
AND 21201	USU	AL RESIDENCE (IF NURSING HOME OF THE COUNTRY OF THE	Peninsula Ge R OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 13C. CITY OR TO	WN 1 MAL INSIDE CITY LIMITS	RET. DIS. POWE	TST
E, MARYLA cotted within completely is 1 and 2 sh	H	THER'S NAME FIRST FROM FORMU	MIDDLE LAST	15 MOTHER'S MAIDEN PIRST 20 COTHY		EY BAKER
ALTIMORE, te be executed or cion and or cefs. Pages all, the medical		CT MX	RMED FORCES? NE WAR OR DATES) Inly one couse per line (a), (b), c	EUNICE	DEAN BAKER	SPOWE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by as the burial-stronsit permit. Then please remove carbon papers. Pages 1 and 2 should be fill thand Mental Hygiene prior to burial, cremotian, or removal.	NOI	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CO	JENCE OF CALLINON	ora of The Orado	rote.
VITAL RECOR	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
DIVISION OF VI	MEDICAL CE	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK	ATH HOUR A.M. MONTH	19 211. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18.	COUNTY STATE
L OR ATTENDING the hospital on the hospital on L DIRECTOR: A tacked for use e Dept. of Heal is m		sow the deceased plive a	mal) attended the deceased from n. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	DEGREE ATTENDIN		19, that (1) (we) lost or and from the causes stated 22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be determined with the State		12d PHISICIAN'S NAME ITYPE Chay Por	J. Caal n	no. Locust t	Quincy St's Sa	listery mo
BP	3	BURIAL, CREMATION, REMOVA SPECIFY) CHECKETOR DINERAL DIRECTOR	15 JAN 81 R	NAME OF CEMETERY OR CREMATO	REHOBOTH A	SUSS DE
DHMH-16 30M 2/80 (VRA 15, 4)	7	7. Door	COENTRE E	Town DE	MAN 2 0 1981	

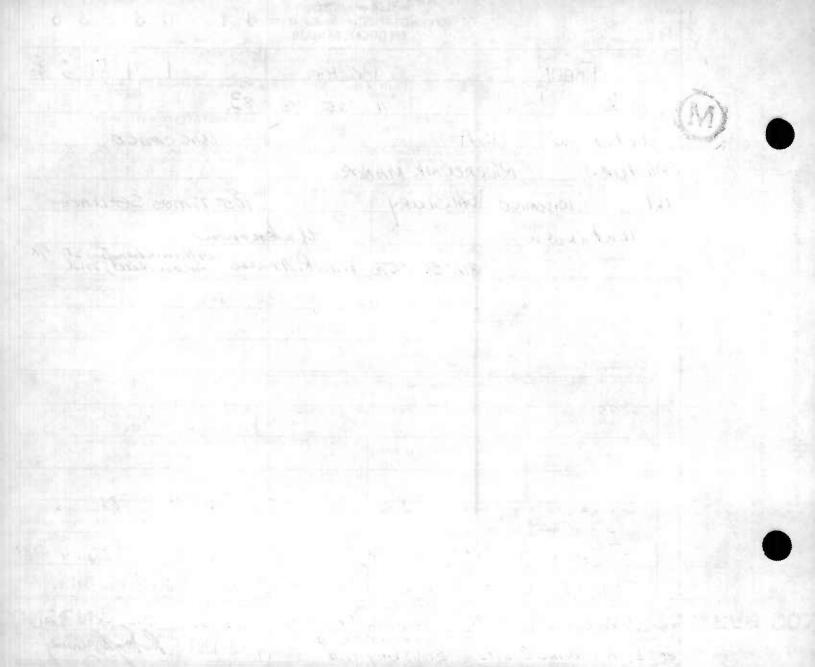


7		1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL I FICATE OF DEATH	HYQUENE REG.	0 3 i	2 3	4
			CEASED NAME FIRST	MIDDLE	E	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	4 66		AUSTIN	A	. BANKS			1 2	4 81	10 10A M.
	(M)	3. SE:	MALE	4 RACE	5. DATE	OF BIRTH H 3AY 86	6 AGE (IN YEARS LAST		FUNDER I YEAR	HOURS MIN.
	1 1 35	70. BI	RTHPLACE (STATE OR FOREIGN	U.S.A.	T COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	BALTIMORE CITY WICOMIC		OF DEATH	MD.
10	by the filled with		TY OR TOWN OF DEATH LISBURY		PITAL, NURSING HOME NURSING REHO	OR OTHER INSTITUTION ME	FARMER -SEA		12b. KIND OI INDUSTRY	F BUSINESS OR
(ND 212	24 hour illed in wild be	NUSU. 13a S M	AL RESIDENCE (IF NURSING HOMEO	ATCO SA	RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS		ENUE	
MARYLA	within within d 2 sh	14. FA	THER'S NAME FIRST	MIDDLE B	2 LAST KS	15. MOTHER'S MAIDEN FIRST		2 60	HITE	
IMORE,	n ond Poges		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b	SOCIAL SECURITY NO. 15-36-2461	17. INFORMANT	ADD ADD	DEL	STATE	-St- Mc/19940
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death certificate Ed by the ottending physicio lease remove carbon papers ial, cremotion, or removal.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS (c)	ACONSEQUENCE OF	Humbo	à sclew	els	10	MATE INTERVAL INSET AND DEATH
L RECORDS, 20	equires then b to bur njury,	CERTIFICATION	PART 2, OTHER SIGNIFICANT OUT OF OPERATION	na IV	RIBUTING TO DEATH BU	2	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED
OF VITA	YSICIAN: The low redding physicion. Is certificate has been burnol-tronsit permit. Mental Hygiene prior retem. Is shows any in them.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF IN			
VISION	the the ond ced ced ced	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
ā	TEN TOR: Or US of He		124 Certify that IT (this hosp naw the decoased olive or above [hi] we [did] (did re	1/23	5 0/	and that in (my) (our) opin	ion death occurred on the	dote and hour		that (I) (we) lost couses stated
	AL OR ATTEN the hospitol AL DIRECTOR detoched for u te Dept, of He T: If Item 2 1 is		22h SIGNATORE	Senl	12 1	DEGREE ATTENDING PHYSICIAN	G ANEDICAL ST	TAFF SICIAN []	22c. DATE	SIGNED
	TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched to with the Stote Dept. CIMPORTANT: If them 2		LARL M.	SEPRU	Isley Ma	22e. ADDRESS	Acc. SA	Issory	no	1
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	DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR SOKER	Bounds	ASSESS	ry M. 250.	Janz 9 1981	AR 25h. D. 1515 TR	THE SHALL	Sing.



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in Marie		ITY OR TOWN OF D	EATH 11	. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)			USUAL OCCUPAT		nd of Business or Stry
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hysicia popers ovel.		18 CAUSE OF DEATH	ATH (Enter only of WAS CAUSED B	ane couse per line far (a), (b), and (c).)	Λ	110		BETY	PROXIMATE INTERVAL
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quire sign hen te bu	NO NO	PART 2. OTHER SIG	GNIFICANT CON	NDITIONS CONTRIBUTING	CVP	NOT RELATED TO TH	HE TERMINA	L DISEASE OR CON	IDITION GIVEN IN PAI	₹T 1(a)
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he hasp DIRECT DORECT Dept. o		22b. SIGNATURE	-	10+1	· 1	DEGREE				DATE SIGNED
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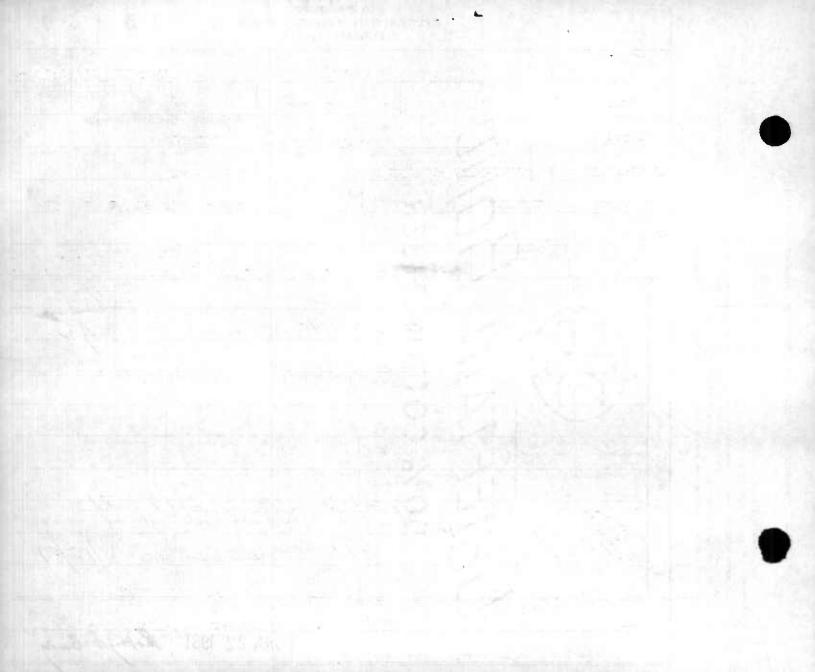


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ond 2 sh		THER'S NAME A	MIDDLE BO	oggs LAST	The	15. MOTHER'S MAIDEN N Emila FIRST	R. MIDDLE	D	ittmeye	r
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by the state of th		224 PHYSICIAN'S NAME	THE OF PRINT	ares	2	PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	ICIAN		2.7
O HOSPITAL OR ATTENDING PHYSICIA etained by the hospital or attending place in the form of the property of the		101.0	40	1 1 2		1	00	m. C.	lisbury	mo
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(VRA 15, 4)	H	OLLÔWAY FUNE	KAL HOME,	Salisbur	y, Mar	vland JAI	V 1 4 1981		, , , , , ,	7

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		CEASED NAME	FIRST	WIDOLE		LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
4 may be or, page 3 ther death			FFA	Belle	2	BRADLEY			JAN. 17	7 81	4:15 pm
mo, bo	3. SE			4. RACE	5	DATE OF BIRTH	Y YEAR	6. AGE (IN YEARS LAST 8		UNDER I YEAR	IF UNDER 24 HRS
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campletely 1 and 2 sh		_ FIRST	nes	Phillips	LAST	Ma	ry	Ellen	Cox		
rtificate be execution and compapers. Pages I emoval.		/AS DECEASED EVER ES, NO OR UNKNOWN) NO		F WAR OR DATES	32-066			Kaŷŵ J. Bradley	ood Dri (son)	ve, R. Salisb	D. 7, Boury, Md.
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the and Mental Hygiene prior to burial, cremation, ar removal. The and Mental Hygiene prior to burial, cremation, ar removal.	NO	Conditions, if ony, gave rise to imm couse (a), stofin underlying couse PART 2. OTHER SIGN	nediate g the last.	DUE TO, OR AS A CONTRIBU	ONSEQUENCE			WINAL DISEASE OR CO	NDITION GIVEN	Y IN PART 1(c	5-
The law relation. Ite has been sit permit 'Agiene prior shows any i	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDITION FO	OR WHICH OF	ERATION WAS PE	RFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
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DING PHYS or attending After this c se as the bur oith and Me marked or II	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARA	21f. LOC S	ATION TREET	CITY OF T	7	COUNTY	STATE
DR ATTEND hospital a URECTOR: A thed for use bept, af Heal them 21 is m				tall a prepared the deceas		ond that in (ATTENDING	, to depth occurred on the	AFF		-
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14 FATHER'S MANUE 1831 1			MARYLAND WOR	cester Sno	W Hill		Bt. 1 Box	x 234	
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18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE	5 0	160	. WAS DECEASED EVER IN U.S. A		L SECURITY NO.				7
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270. I certify that (I) (this hospital) attended the deceased from		1	218. INJURY OCCURRED	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STA
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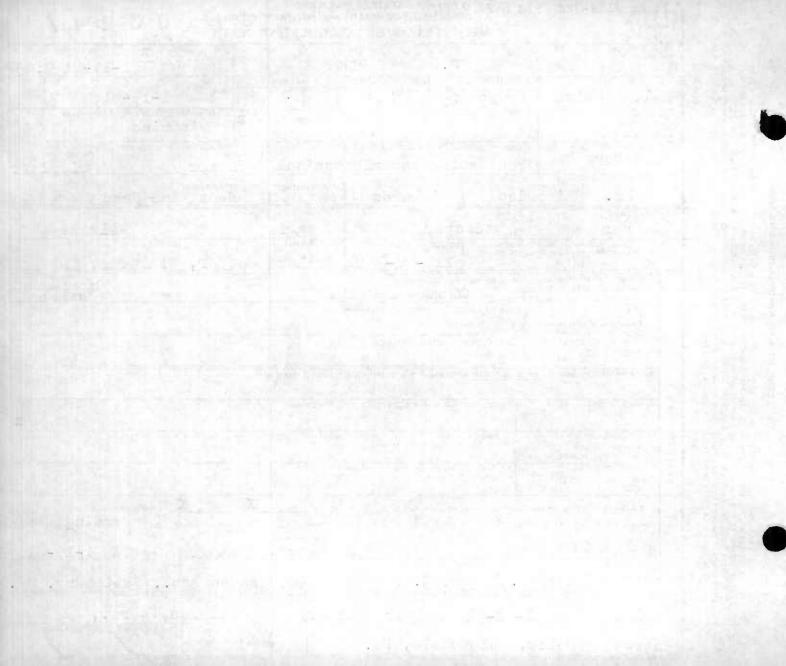
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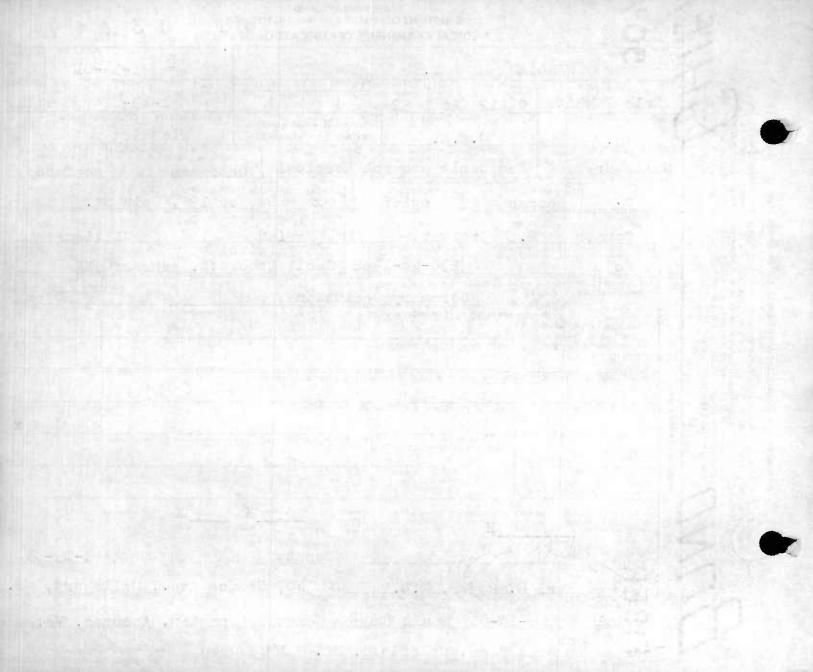
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

CERTIFICATE OF DEATH

Md

REG NO

FOR - STATE

REGISTRAR

NAME

HOLLOWAY FUNERAL HOME, Salisbury,

(VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2e DATE KNOWN I 2h HOUR (TYPE OR PRINT) ESTI-:40 DEATH MATED Jefferv Hamilton Daugherty 5. DATE OF BIRTH A AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 3A M DEAD Tan Male White 11/21/1962 18 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Salisbury, Md. USA WIDOWED DIVORCED WICOMICO ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12m. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Salisbury Peninsula General Hospital Student USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 113h COUNTY 138 INCIDE CITY LIMITSE 13e STREET ADDRESS Maryland Wicomico Fruitland 500 S. Camden YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alexander Hamilton Daugherty Virginia Beverly Squyars 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Salisbury, Md. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES Mrs. Beverly Daugherty (mother No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- RANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cerebral Hemorrhage minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Fractured Skull minutes gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NOX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY Driver of auto. hit utility pole. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE road Drive. Salisbury. 1verside Wic. 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Accident X death resulted fram: Undetermined manner ural causes Hamicide TITLE (SPECIFY) ACTUAL 26 M.D. Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ear 1 Rover, 409 Camden Ave. Salisbury, (TYPE OR PRINT) M.D. ADDRESS_ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BP. Buria Springhill Memory Gardens Salisbury
[250. DALE REC'D. BY REGISTRANT! 24. FUNERAL DIRECTOR **DHMH-17** HOLLOWAY FUNERAL HOME, Salisbury, Maryland (VR A15 ME (5)) 15M2/80

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	1			STATE OF MARYLAND		
1	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 2 5 2
		CEASED NAME A FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be	1	HDDIE	LEE	DAVIS	January 31,	1981 8:00
ao (a)	3, BE	X one	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
96 4		FEMALE	NEGRO	3 4 91	89 YRS	
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1 1 10		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS (
by # filed # SQ	Sa	lisbury	Peninsula Ge	neral Hospital	unemployed	, inc) indosiki
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Poges	1	YES, NO OR UNKNOWN) (IF YES, G	264-98	7-9327 MORY EDAVI	SAUS.	bun md
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beer rmit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
	Ĕ			•		TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
5 PHYSICIAN: The Intending physician. In this certificate has the burial-transit per the burial-transit per and Mental Hygiene and Americal at Item 18 shows	1	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM)	
DING PHYSICIAN; T or attending physics at After this certificate se os the buriol-transicitith and Mental Hygimarked or Item 18 sh		OR CONTRIBUTING CAUSE OF DE				
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ATT Sepid Sector Affa In 21		obove, (1) (we) (did) (did n	ot) view the body after death.	0		
OR A le hosp DIREC ached t Dept.		226. SIGNATURE	to Ttam	DEGREE	_ MEDICAL _ STAFF _	22c. DATE SIGNED
Y th		Chyla	1 (00.0		MEDICAL STAFF DIRECTOR PHYSICIAN	113181
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		CONSTA	STE TIM	1541-01	Ciuraside IV.	, Saliz vuns
5 € 5 € ₹ ₹ 	23a	BURIAL, CREMATION, REMOVA		C. NAME OF CEMETERY OR CREMATORY		
BP	1	SPECIFYBURIAL	2-8-81	reen Acres Nem. Pt	K. SALISBURY W	ICOMICO Ma
DHMH-16 30M 2/80	24 F	JNERAL DIRECTOR			TE PEC'D. BY REGISTRAR 256. REG	
(VRA 15, 4)	. 1	OLEY MEMORIAL	(mar) ADDRES	Vis Md	ED A MIST	redial .

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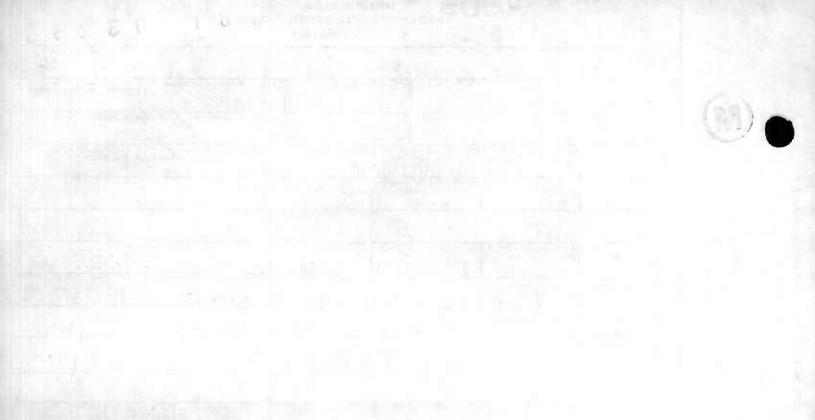
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LANCE OF SCHOOL STATES

Easton, Md.

Newnam Funeral Home

(VRA 15, 4) 1/79





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16 WAS DECENSED EVER IN US. ARMED FORCES? 16 SOCIAL SECRITY NO. 17 INFORMANT ADDRESS MADDEN NAME ADD	in by the loe filed with	S	alisbury AL RESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE ST Peninsula G R OTHER INSTITUTION GIVE RESIDENCE BI	REET ADDRESS) eneral Hospital FFORE ADMISSION)	TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY	NESS
Text Part Conditions Free Part Free Part Free Part Conditions Free Part	ompletely ond 2 sh	14. F	ATHER'S NAME FIRST AM	MIDDLE EVEL	Droke YES NO 15. MOTHER'S MAIDEN N FIRST	NAME MIDDLE		_
DUE TO, OR AS A CONSEQUENCE OF (b) PAIR JUNE DIRECTION (c) Conditions, If only, which gove rise to immediate couse for individual properties of	physician popers. movol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b) ED BY:	7.5636 William	Evell Jr.	Atlantic,	TERVAL NO DEA
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Sow the deceased olive on 10 29 19 00 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death. DEGREE M. J. ATTENDING MEDICAL STAFF 120 8 PHYSICIAN SNAME (TYPE OF PRINT) PHYSICIAN SNAME (TYPE OF PRINT) The ADDRESS 614-C BASTBRW SHORLS MIN OF CEMETERY OF CREMATORY 23d. LOCATION BP This address of the deceased olive on 10 29 19 00 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not) view the body ofter death. The Address of the County of the Coun	uG PHYSICIAN: 1 otherding physic fter this certificate st the burial-trans hand Mental Hygurked or Item 18 shurked or Item 18 s		OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH R) P.M. 21e. PLACE OF INJURY	19 211 LOCATION			STATE
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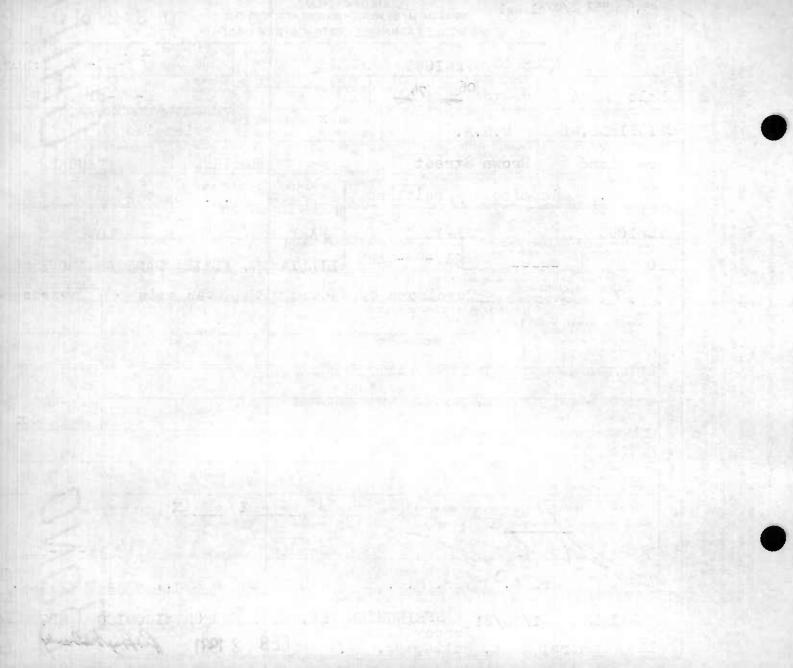
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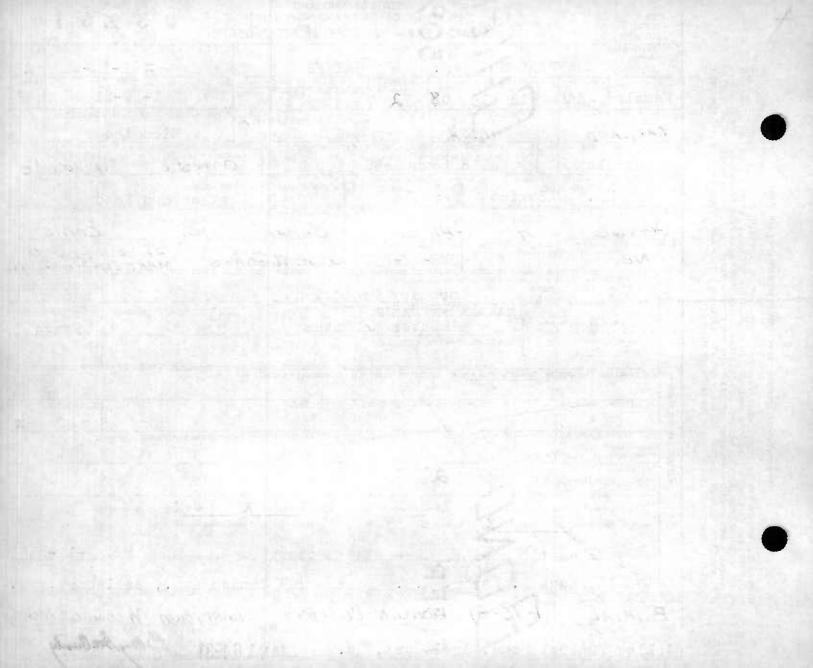
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E A	3. SE		4 RACE	5. DATE		6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS
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5 75 EDV		Salisbury	Peninsula	Genera	l Hospital	Tech (syst		ephone C
hou hou	13a. S	AL RESIDENCE (IF NURSING HOME OR OTATE 134 COUN	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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within within day	14. FA	THER'S NAME	AIODLE LA	ST	15. MOTHER'S MAIDEN NA			LAST
and 2530	M	arion Lev		ins	Alice	Rebecca	Jorde	
Poges 1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS	as l
Poges . Poges	Ye	s Viet	Nam 219-	46-9043	Mrs. Mary	C. Dwiggi	ns (wife)	
ires that the death cer gned by the attending an please remove corba burial, cremotian, or re iry, or other troumatic e	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION	SEOUENCE OF		med astans	DITION GIVEN IN PART	T 1(o)
e low requing to the size of t	CERTIFICATION	19a. Date of Operation	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED SES OF DEATH?
hysicion icone hysicion icone hygier hygier Hygier 18 shov	1 1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR		
certificate certificate prial-transition (Partal Hygin Item 18 sh		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT	H DAY YEAR				
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atter ond and ked	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
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he he he		22h SIGNATURI	view the body offer death.		DEGREE		22c. DA	ATE SIGNED
the of the properties of the p		Mochoso		γ	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	14/81
O HOSPITAL etoined by the TO FUNERAL should be deto with the Stote MAPORTANT:	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS	a direction of thirds		1/01
retoined by TO FUNER should be with the St.		Jaskoh	OZZAM) !		1300 S. DI	VISION St	Ext.	
5 g 5 g g g	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		SPECIFY) rial	1/17/81			CITY OR TOWN	COUNTY	STATE
MH-16 30M 2/80	24. FI	JNERAL DIRECTOR		-	Wn Cemeter	TE REC'D. BY REGISTRAR		Maryland
(VRA 15, 4)	HO	LLOWAY FUNERA		oress Tichuru	M.a	MN 1 6 1001	Listan	Madrundy

1881 8 1881 8 1 May

(T)	REGISTRAR ECEASED NA YPE OR PRINT)		OUSTON	VENI	OUS	ELZ	TF.			20. DATE K OF DEATH	F211-	DE MON	1H DAY	YEAR	26. HOUR 30,F
3. SE	Male	4. RACE AA	5. DATE OF BI	RTHO6 YEAR	6. AGE (IN YEAR 7 AST BIRTHDAY YR:	RS IF UND		IF UNDER	24 HRS.	20 DATE PRONOUNG DEAD		MONT	7-81	Y YEAR	2d HOUR
	BIRTHPLACE POREIGN COUNTY	(STATE OR ELD, MD	76. CITIZEN O	F WHAT COU	NTRY?	8. MARRIEI WIDOWE	_	/ER MARR	IED U	9. BALTIMO	COM		INTY OF	DEATH	MD.
	Fruit		Brown	Stre			INSTITUT	ION	RET	AL OCCUPA NOST OF WORK IRED	ATION (T	TYPE OF WOI		CIND OF BU OR INDUST RUCKE	RY
	STATE	CE (IF IN NURSING HOME	OR OTHER INSTITUTE NTY COMICO	ON, GIVE RESIDENCE HT I	Y OF TOWN	id I	YES 🗌	NO 🔼	<u> </u>		ss Box	742			
Ď	VENTO VENTO WAS DECEA (YES, NO, OR UN)	US SED EVER IN U.S. AI	MIDDLE RMED FORCES? YE WAR OR DATES!		E E OCIAL SECURITY 3-05-82	'NO. 1	MAF 7. INFORM	AANT	EN NAME	ET.Z.TF	ADDRE	SS	LOV	VE ABOV	7 E
	15 Candi	DEATH WAS CAUS IMMEDIA	ATE CAUSE (a)		inoma PNSEQUENCE C	-	ectu	m wi	th 1	letas	tas	is		APPROXIMATI TWEEN ONSE MON	
NO	PART 2 01HE	rise to immediat (a) stating the under cause last.	DUE TO		NSEQUENCE C		R CONDITION	GIVEN IN PA	ART 1 (a).						
TIFICATION	PART 2 01HE	(a) stating the <u>unde</u> cause last.	CONTRIBUTING 10 D	DEATH BUT NOT RE		NAL DISEASE (ART 1 (a).				20	AUTOPSY YES	? No. X)
MEDICAL CERTIFICATION	PART 2 01HE 190. DATE 210. EXTER UNDERLYI CONTRIBL	(a) stating the undercouse last. R SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS NG OR JTING CAUSE OF	DUE TO (c) 19b. CO 21b. TIM HOUR F DEATH	DEATH BUT NOT RE	H DAY YEAR 19 Y (ATHOME,	NAL DISEASE (S PERFOR	MED?		NATURE OF INJL		18 PART I O			
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1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 3 2 6 2
11	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME FIRST	MIDDLE LAST 20. DATE	KNOWN MONTH DAY YEAR 26. HOUR
7 S. F.	George J.		MATED 1-9-81,01:20P
NS	0	5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 20 DATE	/ / M
201	Male White	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN, PRONOUL	NCED
11	BIRTHPLACE (STATE OR	4 10 14 00 TRS.	1-9-81 191:20P M
	FOREIGN COUNTRY)	MARRIED NEVER MARRIED	
2	Ma,	UIS, A. WIDOWED DIVORCED	Wicomico MD.
20	CITY OR TOWN OF DEATH	OF LIGHT IN COURT OF THE COURT	PATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	Salisbury /	Peninsula Gen'l Hosp. Kesturan	Towner Food Service
	JAL RESIDENCE (IF IN NURSING HOM STATE 113H COU	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?	
5			Holly Grove Rd.
14.	FATHER'S NAME	15 MOTHER'S MAIDEN NAME	The state of the s
30	George -	- Galkauskas Annie -	PastarnoKas
160	WAS DECEMSED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
21	(YES, NO, OR UNKNOWN) (IF YES, GI	714-05-6874 Halana, B. G. W.	as P.O. Box 117 Ocean City
E		anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS	ED BY: Hypomtongino C II Dinaga	BETWEEN ONSET AND DEATH
	41) 1 GIMMEDI	ATE CAUSE (a) IT Y DOT'T GITS I VO U . V . DISCUSO	Years
	Canditians, it any, which	Legition of the property of th	
	gave rise ta immedia	te (b) DIADELES MEILLIUS	Years
	lying cause last.	- RAKKARAKAAKA	
		(c) Chronic Alcoholism	Years
1,		S CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION			
3	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
싀틸			YES NO 🙀
		216. HOW INJURY OCCURRED (ENTER NATURE OF IN HOUR A.M. MONTH DAY YEAR	JURY IN ITEM 18 PART 1 OR PART 2}
2 3	CONTRIBUTING CAUSE O		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TO	WN COUNTY STATE
1 8	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	WN COUNTY STATE
		rge af the remains described abave, held an Autapsy . Inspection X. Inquiry	FT
	death resulted fram: Not	us causes X, Afident , Suicide , Hamicide , Undetermined m	anner
	ACTUAL	TITLE (SPECIFY)	DATE 3 30 93
-	SIGNATURE	M.D. Deputy MEDICAL EXAM	MINER SIGNED 1-10-81
2 230	EXAMINER'S NAME	0	
	(TYPE OR PRINT) E.S		ve., Salisbury, Md.
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
	Cremation	1/12/8/ Delmarva Crematory Lewes	Sussex Del.
24.	FUNERAL DIRECTOR A	25a. DAJE REC'D. BY REGISTRA	AR 25b. REGISTRAR'S SIGNATURE
19	ma . N. DA	wax Berlin Md. JANI 4 13	

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DEPARTMENT OF HEALTH AND MENTAL HYGENE

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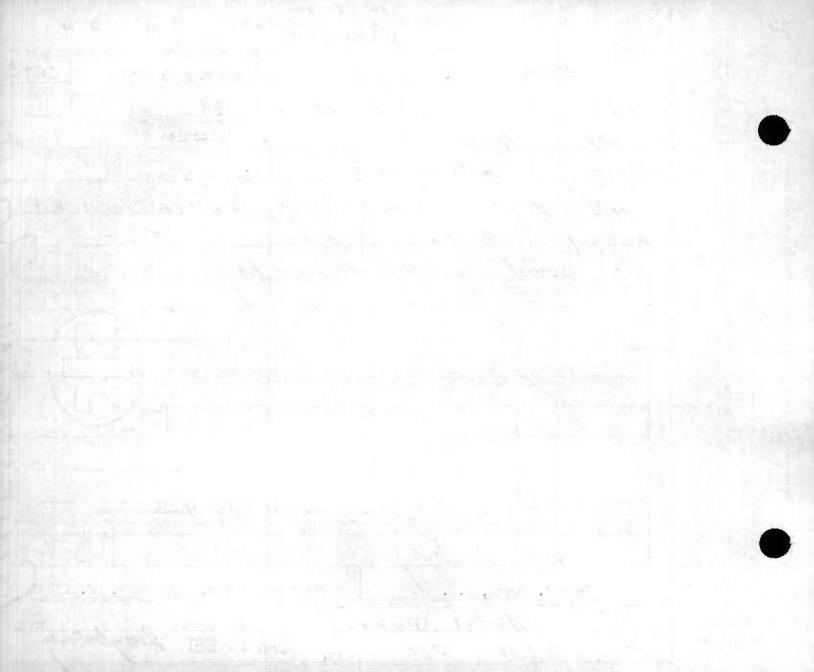
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)	1	FOR - STATE REGISTRAR			EALTH AND MENTAL HY	REG. I	0 3 2 6	3
		ECEASED NAME FIRST	WIDDLE	L	IST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
9 75	1 "	Viol	a Mae		(TILLIS	JANIARY	1 5 1981	18.
ou a	3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST)		
4 4 4	F	emale	White	May	4, DAY 1921 AR	59	YRS.	S HOURS MIN
N. III	7a. B	SIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.		9 BALTIMORE CITY	OR COUNTY OF DEATH	
당)-발·8	A	lexandria, V	a. USA	WIDOWE	DIVORCED	Wicomico		,
P 24 20	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME O		12ª USUAL OCCUPA	TION 12b. KIND	OF BUSINESS
S of led	S	alisbury	Peninsula	General	Hospital	Cashier	OF WORKING LIFE) INDUSTR'	Y
on in be	USU	IAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION)				
24 h				lisbury	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	av Street	
tely 12 sho		ATHER'S NAME		IISDULY	15 MOTHER'S MAIDEN NA		ly Screet.	
3 - S P 5 7	TAT	obatas Dir	MIDDLE	LAST	FIRST	MIDDLE		AST
Company of the state of the sta		ebster By was deceased ever in u.s. a	ron Me	CIAL SECURITY NO.	Elizabet	ADDI	Coc	
e execut n and ce Pages 1		(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				same a	
rs. P	N	0	213	-14-1030	A Mr. Georg	ge B. Gil.		Husban
cate appearant, th		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY.	- 41 .1	, ,	1 67	BETWEEN	DXIMATE INTERVAL N ONSET AND DEAT
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opto trough		Conditions, if ony, which gove rise to immediate	(b)					
the rem		couse (o), stoting the	DUE TO, OR AS A CO	ONSEQUENCE OF				
by by of, c		underlying couse last.	(c)					
ned ned	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATED TO THE TERA	AINAL DISEASE OR CO	NDITION GIVEN IN PART	1(0)
sig Ther to b	CERTIFICATION	asona	few Pules	ronar Inc	les lave -	Phynie C	Junous track	a luxer
beer mit.	4 =	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	
0	문					455 D 410 PH	IN CERTIFYING CAUSE	S OF DEATH?
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Ne of Other Isr			1 1-		, 19	, to		, that (1) (we) I
R ATTE hospith ned for spt. of tem 21		sow the deceased alive a above, (I) (we) (did) (did)	ot) view the body ofter dea	th.	d that in (my) (our) opinion	death occurred on the	lote and hour and from the	e couses stated
		22b. SIGNATURE	0 -		EGREE		22c. DAT	TE SIGNED
the the control of th		the	/////	1 Secol	ALL ATTENDING	MEDICAL STA	AFF	1-5-51
by the ERAL oe deto Stote I	-	22d PHYSICIAN'S NAME (TYPE	our fire	70	22e. ADDRESS	DIRECTOR PHYS	CIANL	0.0
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TO HOSPITAL etained by 1 TO FUNERAL should be det with the Stote IMPORTANT.		JAMES	h. Chil	CFORD	#12 MED	WEAL CEN	TEC Sishi	SBURY 1
5 € 5 € 3 ₹	23a.	BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d LOCATION		
BP		(SPECIFY) Burial	1/8/81		s Cemetery	CITY OR TOWN	COUNTY	STATE
Dr		UNERAL DIRECTOR	1 1/0/01	raison			ry, Wic.,	
DHMH-16 30M 2/80	Z4. F	ONE KAL DIKECTOR		ADDRESS	25a. DA		R 256. REGISTRAR'S SIGNA	ATURE
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STATE OF MARYLAND

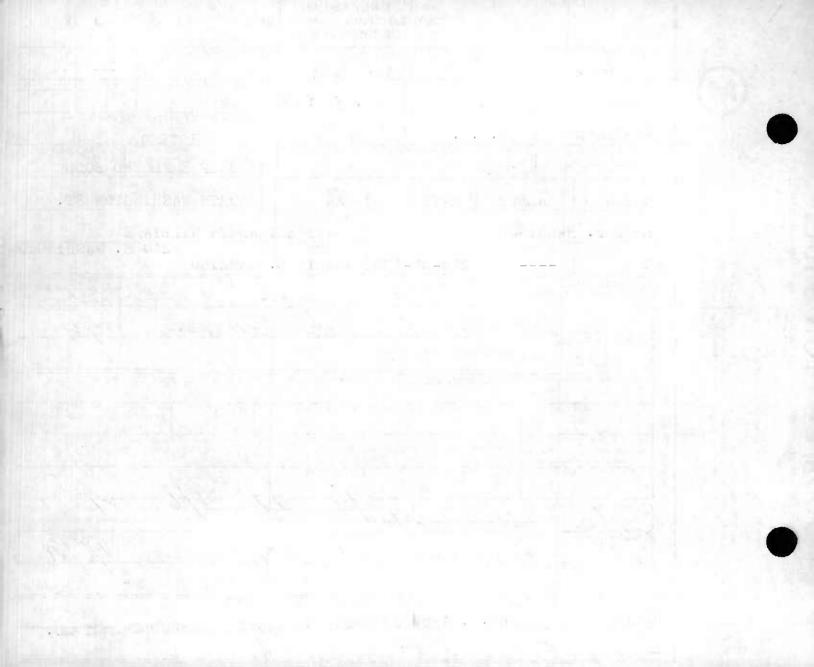
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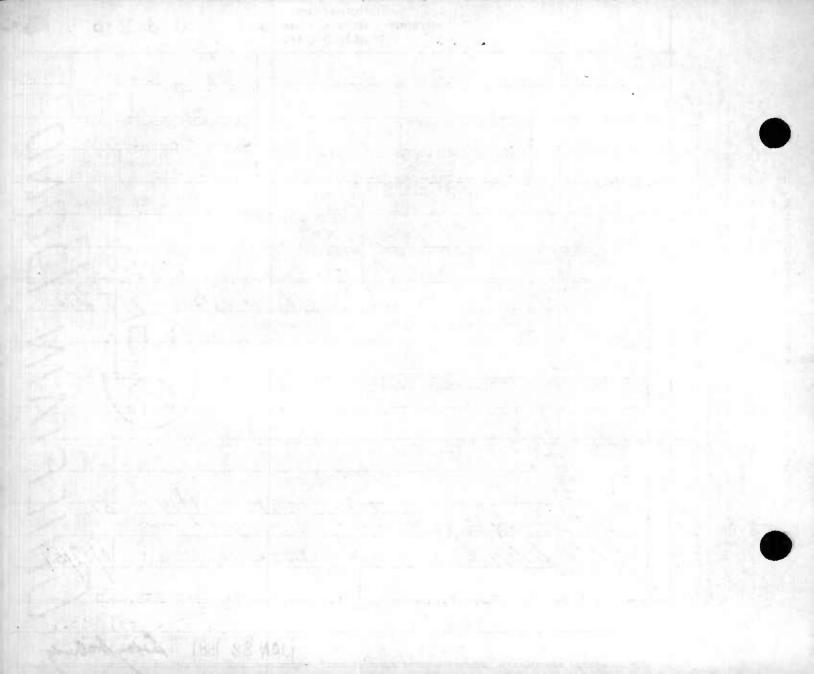
X	1	FOR - STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	IENE O	3 2 6	6
me/0		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
deor -		Wilbert	A.	GROCE	January 2	3 1981	3:07 %
1	1. SE	× 14.8	Pag va	DATE OF BIRTH MONTH DAY YEAR 19	6. AGE IN YEARS LAST BIR	THDAY) IE UNDER I YE MONTHS DAY YRS.	
關人公	PL B	RTHPLACE STATE OF FOREIGN %.	1. / //	MARRIED NEVER MARRIED NOT	9 BALTIMORE CITY C	R COUNTY OF DEATH	
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rulled in by nould be filed in	JUSU	AL RESIDENCE I IF NURSING HOME OF OTH			13e. STREET ADDRESS	und	21
s s l	14. F.	ATHER'S NAME FIRST MIDE	ME LAST	YES NO STANDEN NAME OF THE PROPERTY OF THE PRO		A Concil	
1 1 No.7C		Ashury	Groce	2112	WIDDLE	Teat	LAST
7 medicol		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA		17. INFORMANT BUGGER A	An Tool	Broce	
iose remove corbonpaper ol, cremotion, or removol. r other troumotic event, th		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	Y: Archa a - 1-	CE OF	al disea	BETWE!	OXMATE INTERVAL EN ONSET AND DEATH
r to buriol injury, or	Z O	PART 2. OTHER SIGNIFICANT CON		ATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINITING CAUS	DINGS USED SES OF DEATH?
Mentol Hygiene or them 18 shows	4	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19		RY IN ITEM 18 PART T OR PART 2)
ped	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARI	A, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
of Health 21 is mort		22a I certify that (I) (this haspital) saw the deceased alive on above, (L) (we) (did) (did not) vi	1/23 1951	, and that in (my) (our opinion o	eath occurred on the de	ote and hour and from t	, that (I) (Pe) lost he couses stated
detoched tote Dept. NT: If Item		22b. SIGNATURE	J. Swar	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF 1/1/	JE SIGNED
should be deto with the Stote I		22d. PHYSICIAN'S NAME (APE ORPRI Inja J. H	wang, M.D.	Deer's Head	Center, Sa	lisbury, Md	. 21801
⊼43 ₹ <u></u>	23a.			ME OF GEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
OM 2/80 5, 4)	24 F	UNERAL DIRECTOR	10 EMPRESS	25 AN	REC'D BY RECUSTRAR	Ropeyto	Busy
	4	The state of the s	- John				-



	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH		3 2 6 7
		CEASED NAME FIRST	MIDDLE	LAST	REG. N	MONTH DAY YEAR 26. HOUR
1 11	(TYP	Ruda	May	HADDER	JANUAR	V 13,1981 10 A
(3. SE	X 4. RA	CE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BI	REHDAY) IPUNDER I YEAR IF UNDER 24 I
	20 8	EMALE (STATE OR FOREIGN 76. C)	OV CASIAN ITIZEN OF WHAT COUNTRY	Oct. 25, 1905	75	YRS. PRICOUNTY OF DEATH
death. uneral hin 72		COUNTRY)	D.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	
+ + P			NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KIND OF BUSINESS
5 + D 5 1		alisbury	ninsula Ge	neral Hospital	Cook	OF WORKING LIFE) INDUSTRY Service
filled in bould be fill	.⊌SU 13a.	AL RESIDENCE (4 NUBSING HOME OR OTHER STATE	-	(A	13e STREET ADDRESS	.0.1
hin 2 shou	14. F	ATHER'S NAME	SICY Ucean	YES NO	Sitlarbon	r Naa.
amplete cond 2		FIRST MIDDLE	JAVV	18 FUA	WIDDLE	Taulor
5 0	16a.	MAS DECEASED EVER IN U.S. ARMED I YES, NO DRUNKNOWN) (IF YES, GIVE WAR	FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDR	ESS
be execution and crs. Pages		PES, NO PRONKNOWN) (IF TES, GIVE WAR	ORDATES	Mrs Alice H. O'l	Yeill, Rt 8, B	ox 70 Salisbury Md.
		18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	e cause per line far (q), (b), (and (c).)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
certificate ing physici rban papee r removal.	+	IMMEDIATE CA	USE (a)	y lemen		
2 0000		1627	DUE TO, OR AS A CONSEQ	UENCE OF		
death attend ave ca tian, a		Canditians, if any, which	(b)		=734	
the deat the atten remave emation, er traum	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
that the d by the lease ren ial, crem		underlying cause last.	(c)			
gne bur ry,	z	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1(a)
8 4 1 1	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
ne faw r no. has bee r permit ene pria	FF				YES NO	IN CERTIFYING CAUSES OF DEATH?
She girling	- E	210 ACCIDENT WAS UNDERLYING 2	116. TIME OF INJURY	21c. HOW INJURY OCCURR		
PHYSICIAN: TI ending physicis this certificate te burial-transit ad Mental Hygi d or Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH P.M.	DAY YEAR		
PHYSICIA ending pl this certif ne burial-t nd Mental	MEDICAL	21d INJURY OCCURRED 2	le PLACE OF INJURY	211. LOCATION		OWN COUNTY STATE
O # a # a # a	Σ	AT WORK AT WORK	(AT HOME STREET, FACTORY OFFICE	E, FARM, ETC) STREET	CITY OR IC	JWN COUNTY STATE
DIN offi		22a L certify that (1) (this hospital) a	ttended the deceased from	12/30 10 80	to 1/13	, 19 10 , that (1) (we)
ATTENDIN aspital ar i CTOR: Aff of far use a far use a from a from a m 21 is mar		saw the deceased alive an	1/13	9 -	death accurred an the d	late and haur and fram the causes states
8 d 8 d a		abave, (1) (we) (did) (did not) view	v the bady after death.	DEGREE		22c. DATE SIGNED
TAL OR y the h- RAL DIRI detache hate Dep		Kanagan		ATTENDING PHYSICIAN	MEDICAL STA	CIANT 1/13/80
- 0 - 1	1	ZIN PHYSICIAN SINAME THE OR PRINT	τ)	22e ADDRESS	DIRECTOR TITIS	
0 = 50 = 2		Theoh A	(reason	1300 S. D	INSION S	7 Ext. Smis
TO HO TO HO Should with IMPO	23a.	BURIAL, CREMATION, REMOVAL 231	0	. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
8P		(SPECIFY) BUT IN	1/16/81 5	+M 1/0 1/	BOY IN	Worcester Me
	24. F	UNERAL DIRECTOR	Halo: N	Unsellemerial Park	E RECUD. BY-REGISTRAR	RISE REGISTRAR'S STOMATURE
DHMH-16 30M 2/80 (VRA 15, 4)	A	Fring A. Busto	10 BOY	in Md	17 0 1001	-/
	1	- OF VI TON V	V	111111661		The second secon

Maria and Alexander and Alexan





)	1.	FOR - STATE REGISTRAR	9.00	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HE ICATE OF DEATH	BIENE! 0 3	2 7 0
		CEASED NAME FIRST	MIDDLE		AST	PATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Simon	Harry	HE	1416	January 3	2,1981 12 AM
	3. SE	X	4. RACE	5. DATE C	OAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	White	Jan.		4 81 _Y	RS.
ė ce		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	UNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
5//	Ru	ıssia	USA	WIDOWE	DIVORCED	Wicomico	MD.
Pied Tied	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
\$ C		Salisbury	Peninsula		Hospital		Provisions Co.
	13a S	STATE 136 COU			134 INSIDE CITY LIMITS?	13e STREET ADDRESS 110 Front S	t.
June	14. FA	ATHER'S NAME	WIDDLE	***	15. MOTHER'S MAIDEN N		
30	F	aivel	Heil	ig	Ϊđa	Dora	(unknown)
2	160 V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	(5) O O O O	AL SECURITY NO. -24-5097	17 INFORMANT (d Mrs. Ruth	aughter poores 4. Spinak, P	4 Winters Quart ocomoke City, Mo
injury, or other troumotic event, the med		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF	20 HEPAT		
rulory.	NOI	A A	LOMA - 14	9LF C	coloni.	minal disease or condition	
2	CERTIFICATION	19a DATE OF OPERATION 12-22-80		NHICH OPERATION	- Rt. Cole	200 AUTOPSY? 206. I IN CI	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcirc \text{NO} \(\bigcirc \text{NO} \)
se G		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITE)	M 18, PART T OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
S		22a 1 certify that (1) (this hosp sow the deceased alive on	1 14-1	19.86	nd that in (my) (our) opinion	deoth occurred on the date and	d hour and from the couses stated
ORTANT: If Rem 21 is morked or them 18 shows		12h SIGNATUJE Tree	Levy m		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 2 20- 19 81
¥	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	11.7.0	1.101
Ö		H Gray R	eeves M D		Halle	culle of	MI'S DIDREN NO

23c. NAME OF CEMETERY OR CREMATORY

Cem.

Beth Israel

Salisbury

Sal'isbury,

250. DATE REC'D. BY REGISTRAR 256

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Wicony, Maryland

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

23a. BURIAL, CREMATION, REMOVAL Burial

24. FUNERAL DIRECTOR

23b. DATE

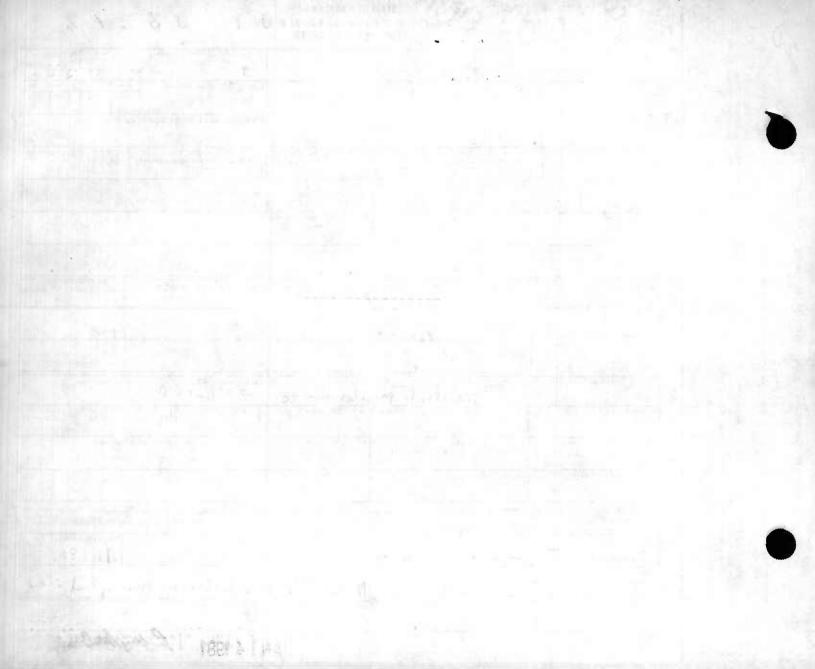
FUNERAL HOME

1/4/81

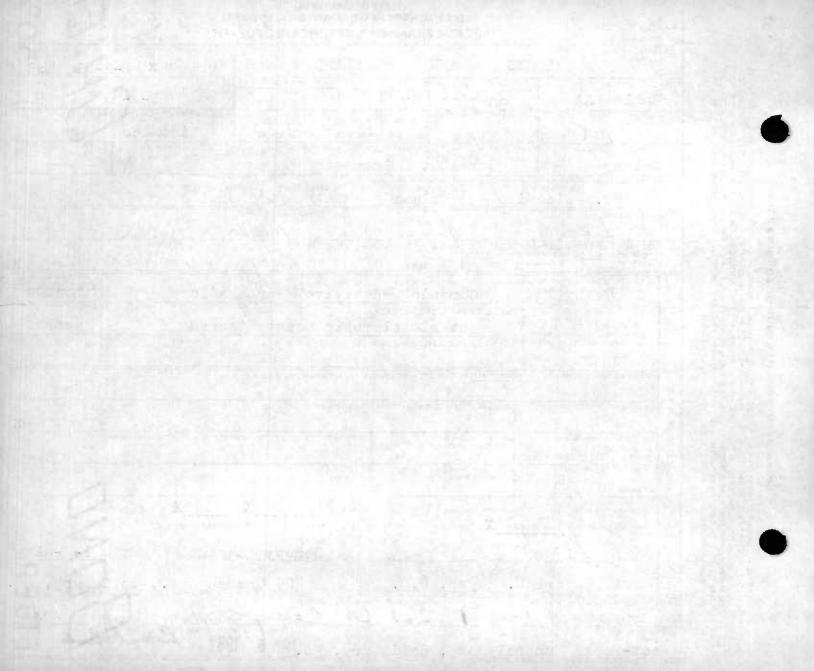
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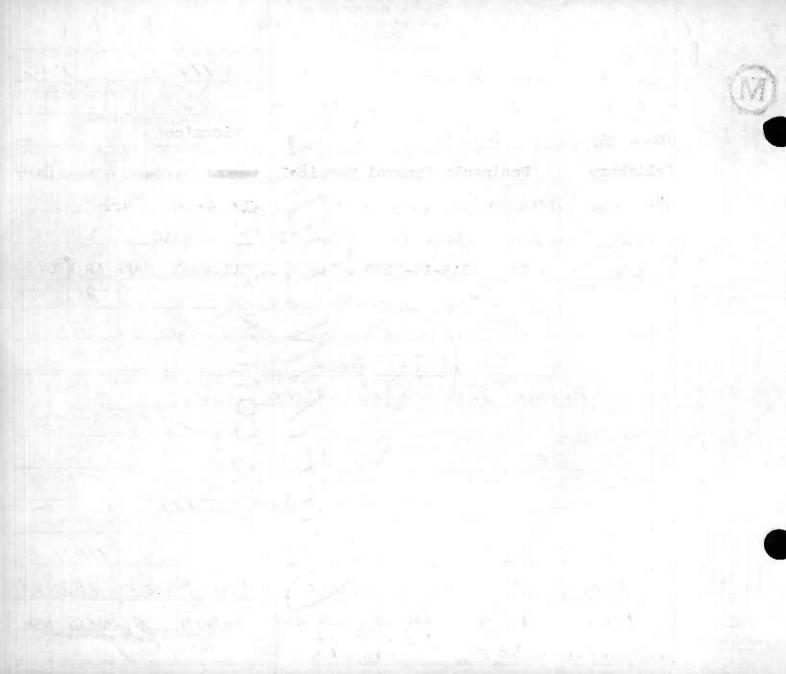
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Ò	1.	STATE REGISTRAR					ICATE OF DEATH	REG. N		Con 4	G reg
		CEASED NAME OR PRINT)	FIRST	-	MIDDLE		LAST	26. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
ay be	_		THERINI		A. , HO	DGSON		3	1 1	1 81	12 05 a M
age 4 m	3 SE	FEMALE	4	RACE W		S. DATE O		4 AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
death. P	0	RTHPLACE (STATE OR FO DUNTRY) ellefonte		U.S	what country?	MARRIE WIDOWI	D NEVER MARRIED D	WICOMIC		OF DEATH	MD
urs after		ISBURY		(IF NOT IN SU	HOSPITAL, NURSIP CHFACILITY, GIVE STREET JRY NURSI	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		126 KIND O INDUSTRY NONE	F BUSINESS OR
filled in valid be fit	MAI	ALRESIDENCE (# NURS STATE RYLAND	ING HOME OR OT 13b COUNTY WICON	1	I, GIVE RESIDENCE BEFOR 136 CITY OR TOW SALISBUR	/N	134 INSIDE CITY LIMITS? YESX NO	130. STREET ADDRESS 810 CAMDEI	N AVEN	UE	180
mpletely ind 2 sho	14. F/	Archie	MID	DDLE	Alfis	on	15. MOTHER'S MAIDEN NA FIRST Rachel	WE	Н	umes	Ţ
e be exected and co	160 V		IN U.S. ARME (IF YES, GIVE W.		220-68-8		Mr. H. Clyc	410	Sout	h Blvo	d. Md.
ires that the death ed by the attending lease remove carbo rial, cremation, or iry, or other traum		Canditions, if ony, gove rise to imm couse (a), static underlying couse	nediote g the lost.	DUE TO, C	R AS A CONSEQU	Sev.				yro.	
iw requi	NO NO	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS C	Multing to	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1(c	11
I: The la	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	100. IF YES,	WERE FINDING CAUSES	NGS USED OF DEATH? NO
IYSICIAN physician s certifica al-transit ental Hygor Item 18		218. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	RT 1 OR PART 2)	
ttending After th After th th and M marked	MEDICAL	ZIG INJURY OCCURI		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE
ATTEN oital or a ECTOR: for use a of Heal		22a.1 certify that (1) saw the decease above, (1) (we) (c			_		nd that in (my) (our) opinion	death occurred an the de			that (I) (we) lost couses stated
by the hosp by the hosp ERAL DIR e detached State Dept ANT: If Its		226. SIGNATURE	CFF	Suc	el	a.m	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF IAN 🗆	22c DATE	SIGNED 81
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [IMPORTANT:		JOSE 6	AME (TYPE OR PI		Blara		Mederal Cent	ty Salesber	n m	ough	12184
Fe Few 5	23a. l	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
BP	В	urial		1/13	/81 St	. Phi	lips Episcopa	1 Ch. Cem.,	Quanti	ico. Wi	c. Md.
DHMH-16 25M		UNERAL DIRECTOR	MEDAT	LOME	ADDRESS	\	25e. DA	N 1 4 1981	256 GIS 11	AR'S	Mark.



2			OR			DEPARTM			ARYLAND AND MEN		IENE	n	7 .	3 7	~	
2			STATE REGISTRAR		N	MEDICAL E				0	PEATH	REC	G. NO.	-	Ų	
	# % & & F		EASED NAME OR PRINT)		NCES	ANN	I	HOLL	AND		0	TE KNOW!		1-2-8	YEAR	26. HOUR
	Y, PLEASE IRECTOR UR FILES 2-HOURS A STREET	3. SEX	emale	4. RACE	DATE OF BIR		AGE (IN YEAR LAST BIRTHDAY 87 YRS	MONTHS		UNDER 24 H	PRON	ATE OUNCED EAD	1-2	ONTH DAY		2d. HOUR
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E. S FOR YOUR FILES. D. WITHIN TOWN W. PRESTON STREET.	7a. BI		ATE OR	I make	WHAT COUNT	RY?		D NEVER	R MARRIED DIVORCED	9 RAI		TY OR CO	OUNTY OF	17	
			ry or town		(IF NOT IN SUC	HOSPITAL, NURS	SING HOME,	OR OTHE				CUPATION WORKING LIFE	(TYPE OF W	VORK 12b. KI	IND OF BUI	
01	IF ANY DELAY 2, AND 3 TO TH 3. RETAIN PAG 5HOULD BE FILE FECORDS 30		L RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION	N. GIVE RESIDENCE BI	OR TOWN	N)	3d. INSIDE CITY L		STREET AD	DRESS				
MD. 21201	1, 2, M 3, 2 S S S S S S S S S S S S S S S S S S	14. FA	THER'S NAME		MDDLE	De J	Lmar		YES	MAIDENN	Box	TOT.			LAST	
MORE, I	RA DE		AS DECEASED	EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	16b. SQCI	AL SECURITY	NO.	7. INFORMAI	MARI	HN	ADDI	PESS S	NS	1	
., BALTI	OURS AFTER 18. GIVE PA WITH FO II. PAGES ; DIVISION		18. CAUSEO	F DEATH (Enter an	lly one cause per	line far (a), (b),			/	MARY	<i>F</i>	- JARMI	AN \		APPROXIMATE WEEN ONSET	T AND DEATH
STON ST	HIN 24 HOU IN ITEM 18 R ALONG V ISIT PERMIT. HYGIENE, D		411		TE CAUSE (o) DUE TO,	OR AS A CONS	EQUENCE O	F	tive I	1/2-					mont	
W. PRE	WITI NCIL AINE RAN YTAL		gove ris	e to immediate stating the <u>under</u> -	(b)_	Arteri OR AS A CONS			ic He	art D	ısea	se			year	'S
RDS, 301	- 40	_	PART 2 OTHER SH	SNIFICANT CONDITIONS	(c)CONTRIBUTING TO DE	ATH BUT NOT RELATE	D TO THE TERMIN	AL DISEASE (OR CONDITION GI	VEN IN PART 1 (o}.					
AL RECORDS,	SHOULD BE EXECTED ON THE WEBLING TO THE MEDICAL E USED AS A BUT OF HEALTH AND MAL, CREMATION,	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	NDITION FOR W	HICH OPERA	TION WA	S PERFORME	D?				20.	AUTOPSY?	}
DIVISION OF VITAL	ICATE SHO HE WORD THE CHI FULD BE US TMENT OF O BURIAL,		UNDERLYING	L CAUSE WAS	HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HO	W INJURY O	CCURRED (E	NTER NATURE (OF INJURY IN ITE	M 18 PART 1		YES 🗌	NO X
DIVISION	S CERTIFIED TO TO SHOOT TO SHOT TO SHOUT TO SHOT TO SHOOT TO SHOOT TO SHOT TO SHOUT TO SHOUT TO SHOUT TO SHOUT	MEDICAL	71d INTURY C	CCURRED NOT WHILE AT WORK	ZIe PLAC	P.M. CE OF INJURY FACTORY, FARM, ETC	19 (AT HOME,	ZIf. LOC	ATION		СПУС	OR TOWN		COUNTY		STATE
	MINER: THIS IFICATE, WI BE FORWAI CTOR: PAG H THE STAT			y that I took charg	ge of the remoins	described obove	e, held an	Autopsy	Homicide	nspection 2	Indetermine	d monner	and in r	my opinion	93	
	MEDICAL EXAMINE ECUTE THE CERTIFICA GE 4 SHOULD BE FG GE 4 SHOULD BE FG FUNERAL DIRECTOR ITER DEATH, WITH THE		ACTUAL SIGNATURE	It.	4	Accident			TITLE (SPEC	CIFY)	MEDICAL E			DATE]	1-5-8	31
	TO MEDICA EXECUTE THE PAGE 4 SH TO FUNER AFTER DEATING RE		EXAMINER'S (TYPE OR PRIN	NAME Earl	L L. Ro	yer, N	I.D.	A	DDRESS 4					alish	oury	, Md
	Bb Afi	(:	Bur	I A PANOVAL	/36. DATE	81 Z	AME OF CEM	CH CH	CE	METER	SILOCATION SILVE	HONN	/	COOPITY	N	TATE /
	DHMH - 17 (VR A15 ME (5)) 15M 7/76		DINERAL DIRECT	oks Fur	neral F	ress Iome, S	Salis	oury		AN 6	1981	STRAR 25	EGISTRA	AR'S JIG	TURE	



/	V.				OF MARYLAND			S. S. S.
5	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF H CERTIF	EALTH AND MENTAL HY(REG. NO.	3 2	1 4
1		CEASED NAME FIRST	WIDDLE	l.	AST	20. DATE OF DEATH MO		ZEAR 26 HOUR
100	1	EMER.	SON CARRO	4 Hos	LOWAY	1111	81	11:55AI
	3. SE		4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHE	AY) IF UNDER	
		Male	Black	4	1 21 20	60	YRS.	
271		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR WICOMICO	COUNTY OF DEA	TH
20		mar Md	U.S.A.	WIDOWE	D DIVORCED			м
Ostified ()		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	R OTHER INSTITUTION	128. USUAL OCCUPATION	ORKING LIFE) INDU	
EC 6		lisbury	Peninsula	General	Hospital	Counc	Ulman Wi	comico Count
2	13a	AL RESIDENCE (IF NURSING HOME I	OR OTHER INSTITUTION GIVE RESIDEN JNTY 13c CITY (OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
0	M	AryLAND WIC	COMICO SALI	sbury	YES 🕅 NO 🗌	510 Morris	s Stree	xt
gue di	14. F/	ATHER'S NAME		AST as	15. MOTHER'S MAIDEN NA	ME		LAST
64		JOHN WES		LOWAY	LORRAIN		S	
medicol		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS		
	L '		WII 215-	-14-3230	DELORES C	. HOLLOWAY	SAME A	AS ABOVE
		18 CAUSE OF DEATH (Enter	only one couse per line for (a)	, (b), and (c).)				APPROXIMATE INTERVAL
v e		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (6) CARD	10 RESPIR	ATORY ARK	EST		48 hrs
otic		4039	DUE TO, OR AS A CO	NSEQUENCE OF			2	
9		Conditions, if any, which	((b) Probe	ble Ath	erosclerofic 1	ALDIOVASCULAR	Wicase_	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
		underlying cause last.	(c) H9	PERTEI	USION			
i.	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	ION GIVEN IN PA	ART 1(a)
<u> </u>	ě	BENI		CRANIA	L HYPERTE			HE LEED
S ony	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFÖRMED		Ob. IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
	Į į					YES NO	YES 🗌	NO 🗌
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	N ITEM 18, PART 1 OR PA	ART 2}
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.M.	19				
4	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	COUN	NTY STATE
	^	AT WORK AT WORK			and the same			
		22a.l certify that (I) (this has		ah 4	19 80	, 10	19_8	, mor (i) (worke
7		saw the deceosed alive of abave, (1) (we) (did) (did-	not) view the body after deatl	19 <i>8</i> , or	nd that in (my) took opinion	death accurred on the date		
Te T		22b. SIGNATURE	1		DEGREE		22ε.	DATE SIGNED
		allen IT.	Justin	M.		MEDICAL STAFF DIRECTOR PHYSICIA	N .	11/8/
APORTAN.	1	22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	m, 9/4	22e ADDRESS			
5 /		Hllen W.	TUSTIN		209 Mary /a	nd Ave., SAL	ISBURY,	MD2180
2		BURIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	- COLOR	NATE OF THE PERSON NAMED IN COLUMN NAMED IN CO
_		BURIAL	1-5-81	SPRINGHI	LL MEM, GDNS	HEBRON	WICON	uco Md
0	24 F	UNERAL DIRECTOR			SP11 Dd. 250. DA	TE REC'D. BY REGISTA AR 25		Butheren
	16	Heus Memoria	al Charel "	Salisb	uni. Md JA	W 2 1201	. /	· VI



9 4 1	FOR DEPARTMENT OF HEALTH AND MENTAL REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF MARYLAND	PREATH
100 H R R R F	DECEASED NAME (TYPE OR PRINT) Denise Ann Honig	REG. NO. 20. DATE KNOWN MONTH DAY YEAR 7b. HOUI
	female white Jan. 6, 1953 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER	PRONOUNCED 1 24 19 81 4:05
STATE HOLD	BIRTHPLACE (STATE OR FOREIGN COUNTRY? FOREIGN COUNTRY) Washington D.C. 7b. CITIZEN OF WHAT COUNTRY? U.S.A. # MARRIED NEVER MARR WIDOWED DIVORCE DIVORCE **DIVORCE** **DIVORCE**	Wicomico County MI
AHARA SO	Salisbury Salisbury 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Peninsula General Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	12b. USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING LIEE) Waitress 12b. KIND OF BUSINESS OR INDUSTRY Restaurant
A E BOULE	a STATE 136 COUNTY Prince Geo. 136 CITY OR TOWN Bladensburg 136. INSIDE (ITY LIMITS? YES NO [5800 Annapolis Road
AND SAND S	I. FATHER'S NAME FAT1 LODIE HOTTS HOTTS 15. MOTHER'S MAID HETS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Marie Hiortdahl
See 2	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), (b)	Hinson Kinston, N.C.
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS A TING THE WORDING" IN PENCIL IN ITEM 18 GIVED THE CHIEF MEDICAL EXAMINER ALONG WITH 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PADEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if ony, which gove rise to immediate couse (o) but TO, OR AS A CONSEQUENCE OF Lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2	NRT 1 (a):
MENT OF HEAT O	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AM MONTH TO SEE AND 216. HOW INJURY OCCURRE	20 AUTOPSY? YES X NO □
PARTMEN RIOR TO E	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRE UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 INJURY OCCURRED 216 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	WHILE NOT WHILE IN STREET EACTORY, FARM, ETC.) Unknown STREET LACTORY, FARM, ETC.) Unknown	CITY OR TOWN COUNTY STATE
TO FUNEXAL DIRECTOR: YAGS AFTER DEATH, WITH THE STATE BATTIMORE, MARYLAND, 2120	22a. I certify that I took charge of the remains described above, held on Autopsy XX Inspection death resulted from: Not yell also Accident , Suicide , Homicide ,	Undetermined monner ., ond in my opinion
NERAL DEATH, NORE, M.	SKGNATURE	MEDICAL EXAMINER SIGNED
AFTER BALET	Hormez R. Guard, M.D. Address 111 P Burial, Cremation, Removal 23b Date Burial 1/28/81 Ft. Lincoln Cemetery	enn Street, Balto., MD 21201 134 LOCATION BY COUNTY BY COUNTY Md. STATE
7 (5))	FURTANCIS Gasch's Sons Funeral Home, P.A. 250 DATE	REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 2 9 1981

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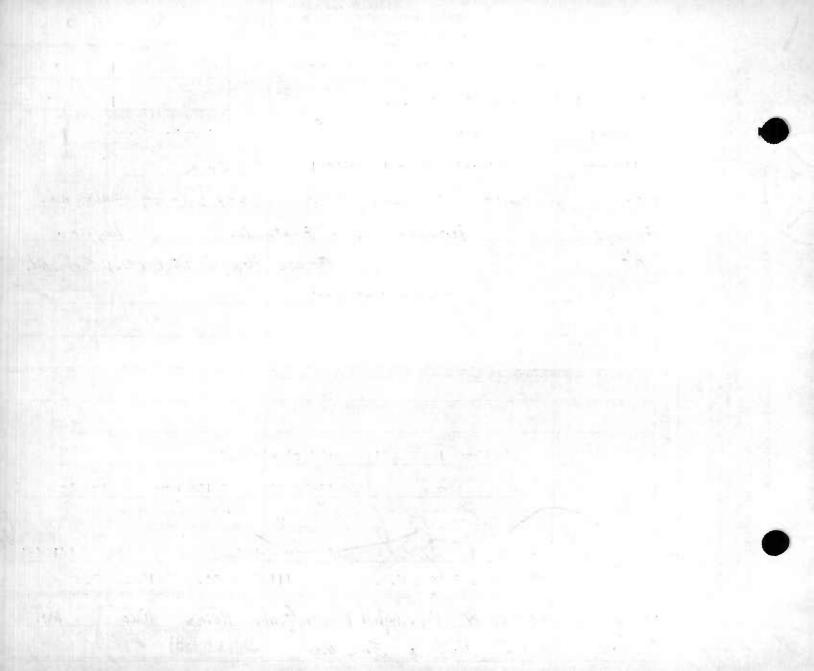
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1	1-	FOR STATE REGISTRAR	٨		ATE OF MARYLAND FHEALTH AND MENTALE NER'S CERTIFICATE O	YGIENE 0 3 2	7 6	
		CEASED NAME FIR:	51	WIDDLE	LAST	20. DATE KNOWN A	INTH DAY YEAR 26. HO	OUR
A SE LE		Joh	nny	Louis	Howard	DEATH MATED	9 1981	M
RY, PLE	3. SE	Male Black		RTH SAY YEAR LAST BIRT		24 HRS. 2c. DATE MOI MIN. PRONOUNCED DEAD	1 9 19 81 a	
S NEGSSARY FUNERAL DI D, WITHIN		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF	SA.	8 MARRIED MEVER MARRI WIDOWED DIVORCI			MD.
ZESES /	ID C	Salisbury	(IF NOT IN SUC	HOSPITAL, NURSING HO CHEACILITY, GIVE STREET ADDRES ISU a Genera		126. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	ORK 12b. KIND OF BUSINES. OR INDUSTRY	S
		AL RESIDENCE (IF IN NURSING H	OME OR OTHER INSTITUTIO DUNTY VICOMICO	136. CITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 624 Light St.	Salis, md.	
= - 11	14 F.	ATHER'S NAME FIRST GEORGE	MIDDLE	Howard	SR, GERTRE	N NAME MIDDLE	LEQ 9:105	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND THE PORM PM. 3. RETA PAGES 1 AND 2 SHOULD INSIGN OF AUTAL RECOR	16a. \	VAS DECEASED EVER IN U.S	. ARMED FORCES? GIVE WAR OR OATES)	16b. SOCIAL SECUI	ECCEGE	Howard P.O. Box 12	66 Salis Md.	
DS, 201 W. PRESTON ST., ECUTED WITHIN 24 HOUR G". IN PENCIL IN ITEM 18. AL EXAMINER ALONG W SURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL.	Z	PARTIDEATH WAS CA Conditions, if any, w gave rise to immed couse (o) stoting the ur lying cause lost.	USED BY: EDIATE CAUSE (o) Thich diote diote DUE TO, (c)	, OR AS A CONSEQUENC		T 1 (a):	APPROXIMATE INTERVI BETWEEN ONSET AND DE	AL EATH
VITAL RECORNING BE ESTADULO BE	CERTIFICATION	196. DATE OF OPERATION	196. COI	NDITION FOR WHICH OF	ERATION WAS PERFORMED?		20. AUTOPSY? YES 🕅 NO	
DIVISION OF VITAL R DIVISION OF VITAL R E, WRITING THE WORD "P RWARDED TO THE CHIEF R PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE Y, 21201 PRIOR TO BURIAL,		210. EXTERNAL CAUSE WA UNDERLYING SOR CONTRIBUTING CAUSE	HOUR	A.M. MONTH DAY YE	AR	o Lenter nature of injury in ITEM 18 PART I		
244¥	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLA STREET	CE OF INJURY (AT HOME, , FACTORY, FARM, ETC.) home	21f. LOCATION STREET 624 Light St.	Salisbury		ATE 1D
MEDICAL EXAMINER ECUTE THE CERTIFICATION GE 4 SHOULD BE FOR FUNERAL DIRECTOR. IT IMORE, MARYLAND		220. I certify that Leak of death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Notifical codes	Acidem	Suride , Hamicide , TITLE (SPECIFY) _M.D. Deputy CH	Undetermined manner . iedentical examiner S Penn St. Baito.	ATE 1/10/81	
Bb		URIAL, CREMATION, REMOV	AL 236. DATE	8 Sprin	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Hebron Wice		
DHMH - 17 (VR A15 ME (5))	24 F	Inme tow F. S	tewnet "	WEJ Rol.	SAlis Me 250. DATER	JAN 1 6 1981	KS SIGNATURE	



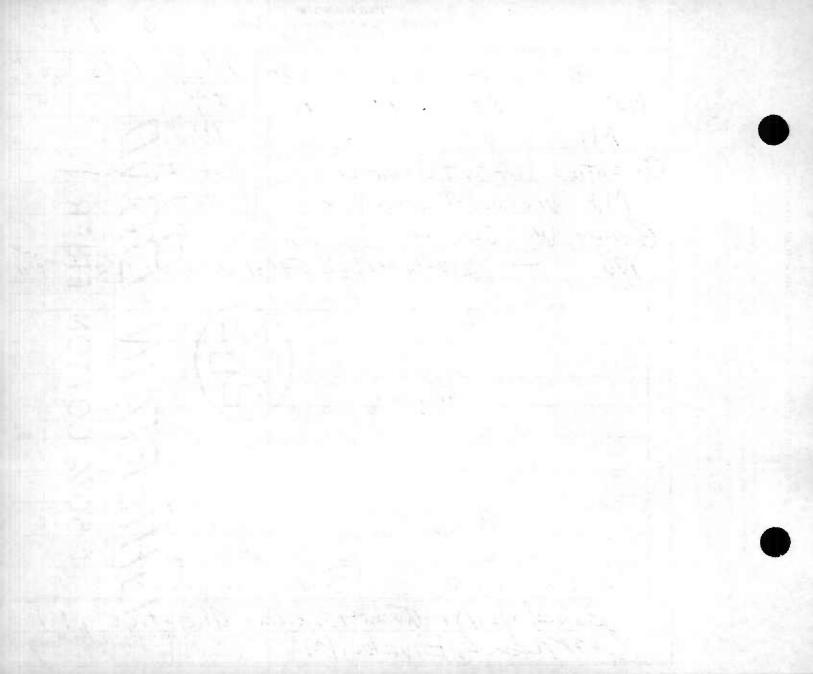
Contact of section (Virginia) to the Contact of Contact of Tall Tallaction . The series of the series o

	1	FOR - STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE O	3 2 7	8
(M)		CEASED NAME FIRST	MIDDLE M. 14. RACE	Je ni	Lins		MONTH DAY YEAR 22 1981	26 HOUR 1357
Poge 4 m direct hours		Female RTHPLACE (STATE OR FOREIGN	White	монтн	- 3 - 84	96	YRS. MONTHS DAYS	
deoth.	3 1	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	MARRIED		Wicomico		OF BUSINESS
by the) 5	alisbury	Peninsula	General	Hospital	TYPE OF WORK FOR MOST OF		
illed wild b	130.	ary land Wor	NTY 134. CITY OF SHOW	y Hill	3d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	Market s	7.
mplete cond 2		ATHERS NAME FIRST	MIDDLE REU	ST	S. MOTHER'S MAIDEN NA	MIDDLE	Bai	ley
te be executed icron and composers. Pages 1 or 50.		VAS DECEASED EVER IN U.S. AI	RMED FORCES? IVE WAR OR DATES) 16b SOCIA		Hattie	4. Spencer	Snow H.	11/140
equires that the death certificate in signed by the attending physica. Then please remove carbon paper to bund, cremation, or removal. injury, or other traumatic event, the	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) CONDITIONS CONTRIBUTIN	SEQUENCE OF panced	Vice Lear Age OT RELATELYTO THE TERM	MINAL DISEASE OR CONI	Q DITION GIVEN IN PART	1(01
The low ricion. The low ricion. The hos bee ricing to be ricing the permit.	CERTIFICATION	19a Date of Operation	19b. CONDITION FOR V	vhich Operation	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED ES OF DEATH?
SiCIAN: ng phys certifico urial-troi ental H)	MEDICAL CER	2) a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	19		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (211. LOCATION STREET	CITY OR TO	WN COUNTY	STAT
TTEN pitol TTOR: for us of He		22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	oitol) ottended the deceosed n		that in (my) (our) opinion	deoth occurred on the do	te and hour and from th	
OR he he		22b. SIGNATURE	Pelm			MEDICAL STAF DIRECTOR PHYSIC	E .	12 - PC
O HOSPITAL of the cetoined by the TO FUNERAL is should be deto with the State I MPORTANT: If		Chay on a	. Roab	m,p.	Zocus TY	Quincy S	T's Salisk	autin
BP	230.	BURIAL, CREMATION, REMOVAL	1-24-81	23¢ NAME OF CE	METERY OR CREMATORY	23d. LOCATION SINGRYOWN CHANCE	ock Vira	IN/2 STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	WARE DIRECTOR	Dennie CADI	DRESS HILL	1 14/	ALEXPITY 1961 PAR	256 REGISTRAR'S SIGNA	ATURE

opieoviv Thereins _ Mist will de Peninsula General Hospital Hadran Panara Character AS I THE HORSE STORED STORED WIN

X	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O	3 2 7	9
) feed feed		CEASED NAME FIRST	S SS	JOHNSON, JE	2a. DATE OF DEATH	MONTH /DAY YEAR 2 / 1981	26 HOUR X
(A)	3. SE	*Male	A. RACE AA.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
in 75	17a. B	IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	111	OMILO	MD
by the fune filed within	0	ITY OR TOWN OF DEATH	RT347 C	EING HOME OR OTHER INSTITUTION LET ADDRESS) LET ADDRESS LET ADDRES	120 USUAL OCCUPATI	WORKING LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OR
should be left in ser must be	13a.	STATE M 3 136 COUN	OMILE GUALINI	13d INSIDE CITY LIMITS? YES NO	13e. STREET SORRESS	27	
and 2	1	70078 N	MIDDLE Johnston	15. MOTHER'S MAIDEN NA	n a MIDDE	oxtuncia	ST +
Poge:		WAS DECEASED EVER IN U.S. AR YES, NEOR UNKNOWN)	MED FORCES? 16b SOCIAL SEC (E WAR OR DATES) 2 8 - 1	4-4508 EHA	el Dashi	ell, B7/1	+ Impily
g physic on pape emavol. event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), (b) BY: TE CAUSE (a)	At Maria / In		APPROX BETWEEN	(IMATE INTERVAL ONSET AND DEATH
by the attendin 25e remave carb 7. cremotion, or a ather traumotic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQ	UENCE OF	CHAN	- C	
P 0 0		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO				
2 d b 5	NOIL		Emphys	DEATH BUT NOT RELATED TO THE TERM			
cate hos been ansit permit. I Hygiene prior 8 shaws any ii	CERTIFICATION	19a, DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES YES	NGS USED S OF DEATH? NO []
is certificate I burial-transit Mental Hygie ar Item 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21¢. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
for us of He 21 is			tal) attended the deceased from 12/25 19 N view the body after death.	80 , and that in (m) (our) opinion		, , , , , , , , , , , , , , , , , , , ,	that (1" (we) last couses stated
ERAL DIREC		22b. SIGNATURE ay 0	on In	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FF 1-2	4-81
TO FUNERAL DIRECTOR Should be detached with the Stote Dept.		a 0 .	24 TOW IT	Pahme-	SALISISLING	21801	
P	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)	123b. DATE (8/8/	NAME OF CEMETERY OR CREMATORY	23d LOCATION GORTOWN	nticounty b	Mshie.
16 30M 2/80	24. F	LINERACTOR	she for	117 WB, MJ 250. DA	TE REC'D, BY REGISTRAR	25b. REGISTRAN'S SIGN	Bleady

STATE OF MARYLAND

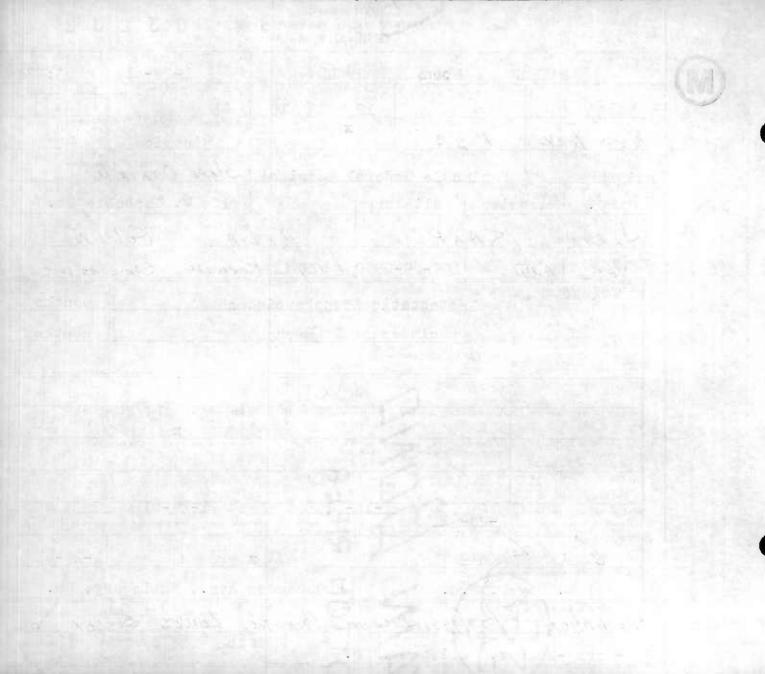


		FOR - STATE REGISTRAR		STATE OF MARTLAND LENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	280
M		CEASEDINAME FIRST EORPRINT	E LILLAN A. RACE	Jones 5. DATE OF BIRTH	JONLLOY 4, 6 AGE (IN YEARS LAST/BIRTHOAY)	1981 2b. HOUR 1981 5 29 IF UNDER 1 YEAR IF UNDER 24 MR
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and cam Pages 1 o		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES 166 SOCIAL SECUL	RITY NO. 17. INFORMANT	ADDRESS /	Lokes ld
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ote sper vol. t, th		18 CAUSE OF DEATH (Enter	only ane cause per line for (a), 167, and (c).	01	11.	APPROXIMATE INTERVAL BETWEEN ONSET AND DE				
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7 5 F 2 3 ₹		SURIAL, CREMATION, REMOVA		23c. NAME OF CEME	ETERY OR CREMATOR	Y 23d. LOCATION					
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		JNERAL DIRECTOR	1-10-10-		75a F		REGISTRARS SIGNATURE				
DHMH-16 30M 2/80 (VRA 15, 4)	(NAME O DA	1 d . D	ADDRESS		FEB 2. 1981	margary macrowy				
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126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farming Zeigler ADDRESS Cambridge, Md. 21613 Mrs. Louise H. Keller, Oakley Terrace Apts. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HE WAS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Cambridge, Dorchester 24 FUNERAL DIRECTOR Md. 21613 DHMH-16 25M Curran Funeral Home, 308 High St., Cambridge (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

6

IF UNDER 1 YEAR

DAYS

26 HOUR

HOURS

IF UNDER \$4 HRS

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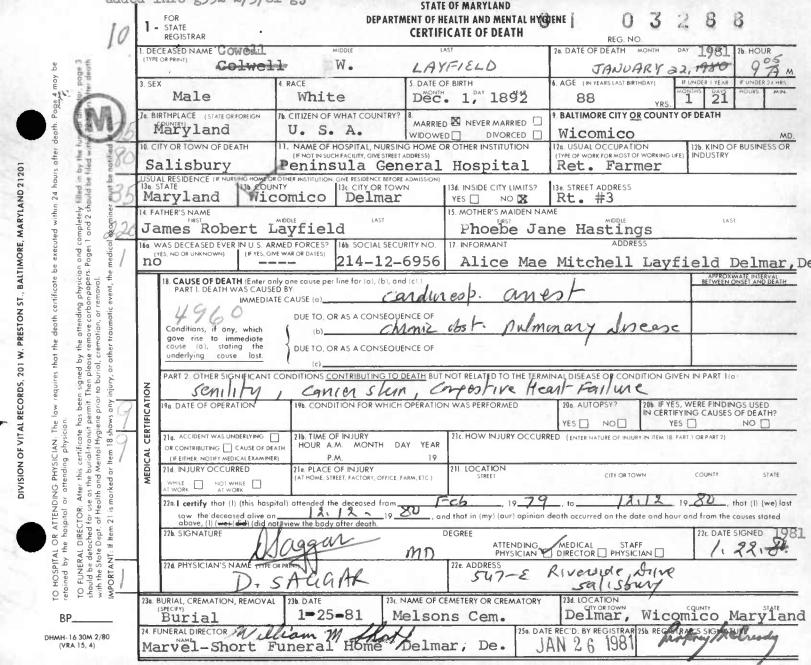
	1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIFICATE OF DEATH	DENE 0 3	284
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Frank	in James K	elly	January 21.	1981 11/14 M
	3. SE	X	4 RACE 5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ied o	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
10 gc	S	alisburv	Peninsula General	l Hospital	TAYMEN	Anxional Times
iner must be	. USU. 13a. S	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		130. STREET ADDRESS ST.	
3721		William	- Kelly	Bell	MIDDLE	Polk
medicol		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECURITY NO.	Mrs. FJ. H. M.	ADDRESS	Powellille Md
‡		18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), and (c).)	Ju-11-3-2-4-11/1-11	DONOVER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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a w		22a.1 certify that (1) (this hosp	utal) attended the deceased from	19.81	, to Jan 2	, 19_51, that (I) (we) last
21		saw the deceased alive ar above, (1) (we) (did) (did)	n San 20 1981	and that in (my) (and apinion o	death occurred on the date and ha	ur and fram the couses stated
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Z		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	1 A	
MPOR		1 Hom AS C	Hill JR U	This Blat	- Road, Sali	sbury. Md
		BURIAL, CREMATION, REMOVAL	1/24/81 St. Jo	hn's Cemetery	Powelly le W	comico Md,
80	24. FL	UNERAL DIRECTOR	3 what ADDRESS Berli	n. Mdl 250. DATE	AN 27 1987 256. REGIS	TRAR'S GIZNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR FIRST . DECEASED NAME 20. DATE KNOWN 25 HOUR (TYPE OR PRINT) ESTI-NANCY A. LANKFORD DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAS BIRTHDAY) 2 YRS. 02 1898 PRONOUNCED 1-10-81 Female AA DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Wicomico WIDOWED -DIVORCED FILED, ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Salisbury General Hospital eninsula USUAL RESIDENCE (IF IN NURSING) OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Md. Somerset rincess Anne YES VITAL 14. FATHER'S NAME PAGES 1, MIDDLE DIVISION OF VIT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS PAGES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF REMOVAL. Canditians, if any, which years gave rise to immediate DIEXOKORXSWXONISENDENCKOR cause (a) stating the underlying cause last. Diabetes Mellitus vears AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF TO BURIAL YES [] BE 21a EXTERNAL CAUSE WAS VARDED TO ... 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: FTER DEATH, WITH THE SALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Intural causes X Accident Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) DATE 1-12-81 Deputy SIGNATURE EXAMPLER'S NAME L. Royer, M.D. ADDRESS 409 Earl Camden Ave., Salisbury, PAGE TO FU (TYPE OR PRINT) 230 BURIAD REMATION, REMOVAL 236. DATE BP. 24. FUNERAL DIRECTOR Somerset **DHMH - 17** (VR A15 ME (5)) Princess Anne, Wm. James Funeral Home, 15M 7/76

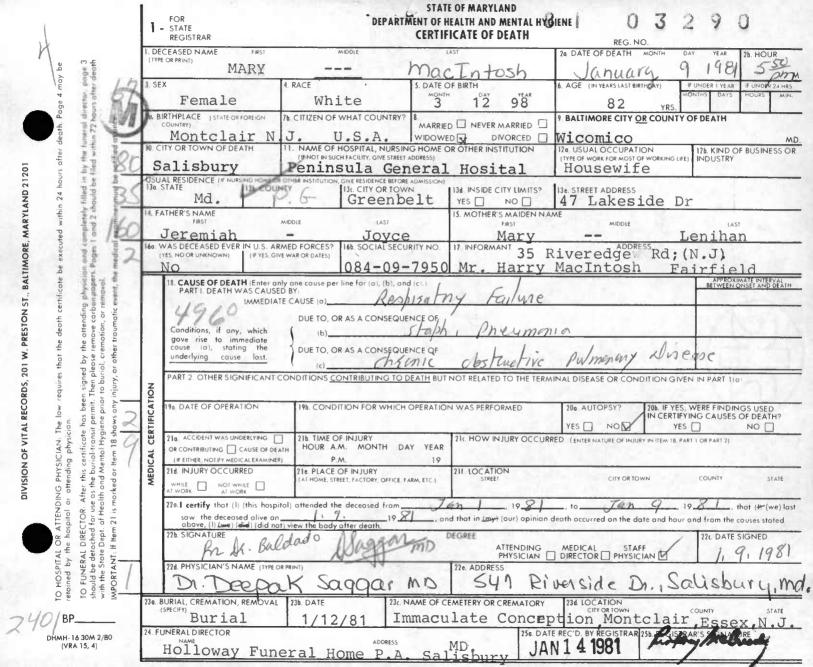
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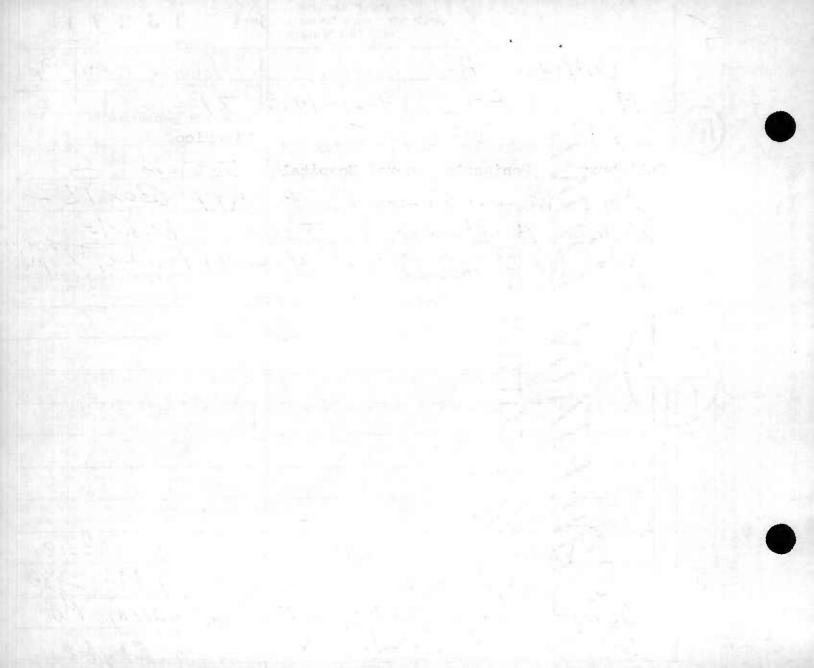
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DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERALDIRECTOR HOLLOWAY FUN	IERAL HOME, S		ATE REC'D. BY REGISTRAR 256, REGIS	STRAR'S SIGNATURE				

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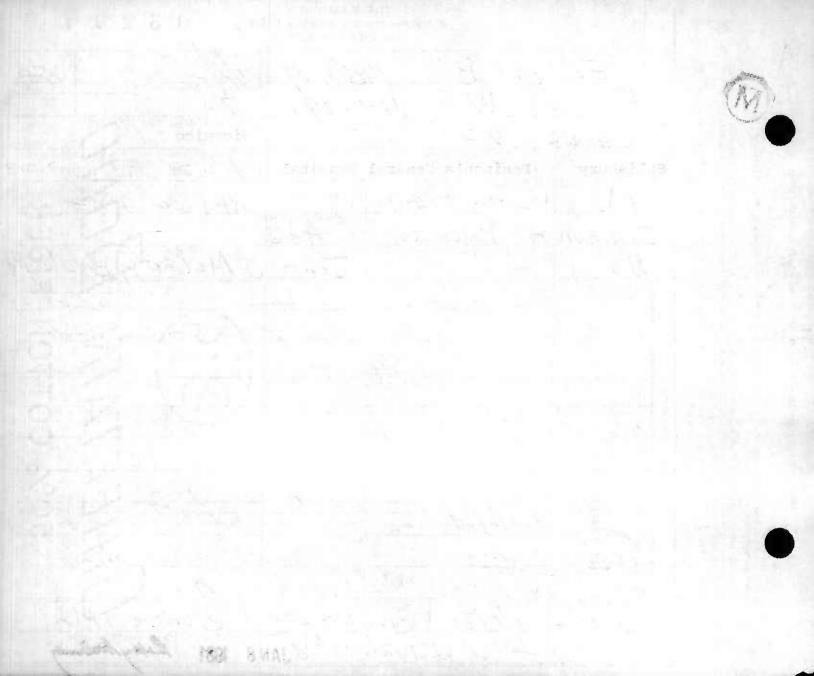
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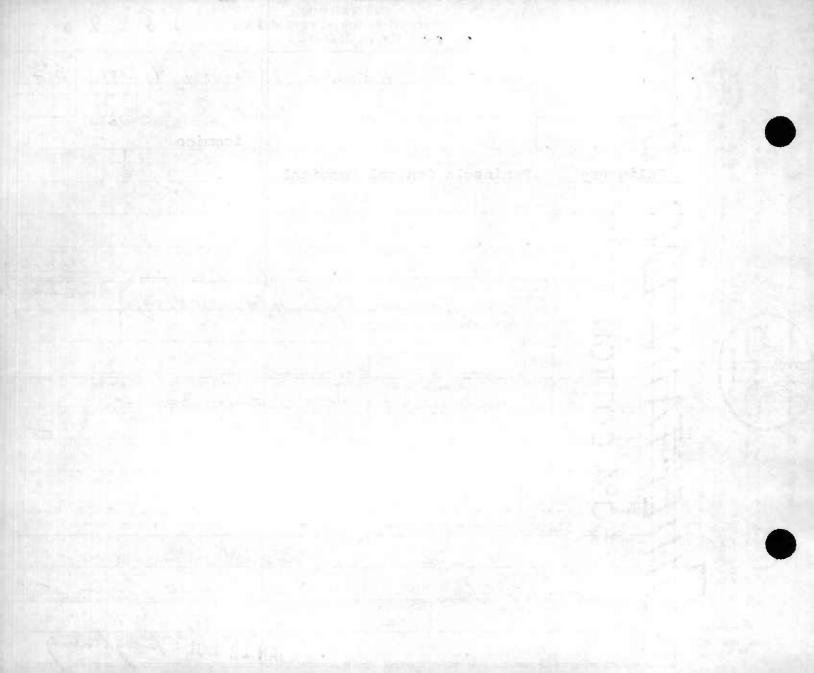
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T. Pages	6a W	AS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT J. McCAY, BIVINGH
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I-16 30M 2/80 /RA 15, 4)	74. Ft.	NERAL BIRECTOR	SSU DATE REC'D. BY REGISTRAR TSA DISTRAR'S GNATURE



DEPARTMENT OF HEALTH AND MENTAL HY SENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Edith Eliza JANUARI 3 SEX 4. RACE AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF LINDER 24 HRS White Female 1928 52 une To. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico Seaford, Del USA WIDOWED DIVORCED [IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Registered Nurse Salisbury Peninsula General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY 131. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 11 Second Street Posomoke Maryland Worcester NOT 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE (unknown) Helen Minnard 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) Dr. Leon Meinster (husband) 214-32-0692 same as No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Uystadeno Etenciama DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? per NOL YES [NO F 7 a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we)-(did) (end not) view the body ofter death DEGREE 22c. DATE SIGNED 276 SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77e. ADDRESS should be with the S 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE @ussex Delaware Lewes. Delmarva Crematory Cremation 1/10/81 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. U.S. 15 YEAR 5 SELLA ATRE DHMH-16 30M 2/80 HOLLOWAY FUNERAL HOME, Salisbury, Md. (VRA 15, 4)



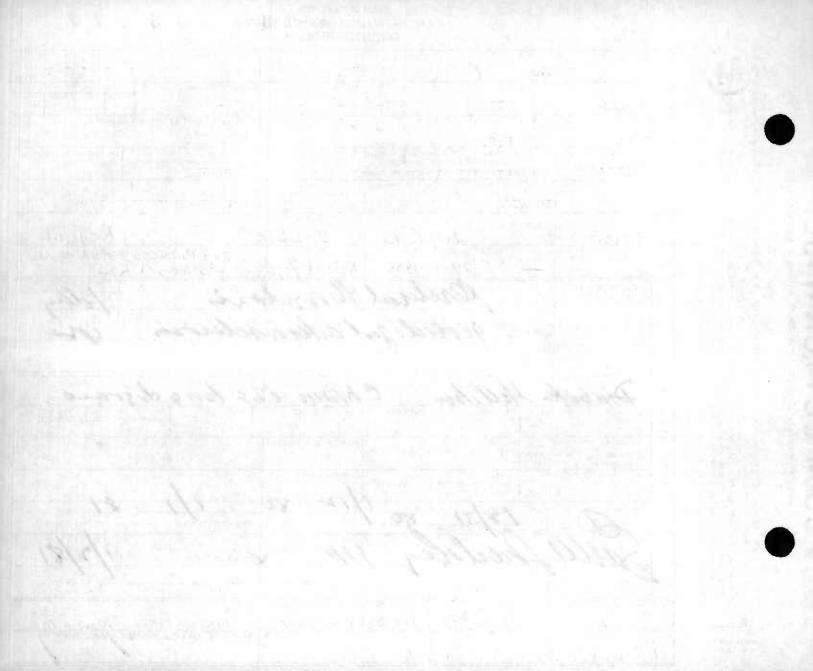
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HOLENE

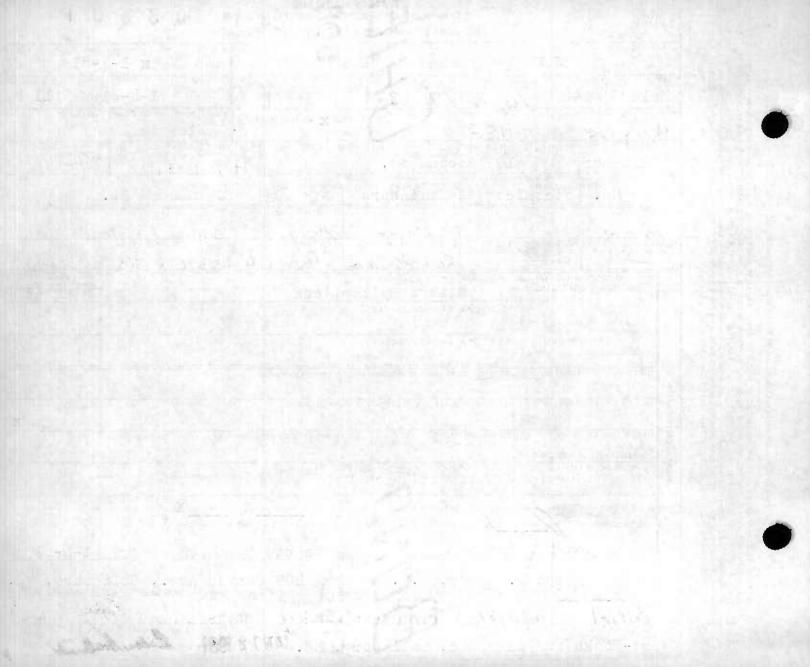
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requires that the death certificate in signed by the attending physici. Then please remave carbon poper ar to burial, cremation, or remaval. injury, or other traumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	a
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HOSPITAL OR ATTE		saw the deceased alive are obave, (1) (wo) (did) (did of obave, (2)). SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	Bluner mp	y) (aur) apinian death accurred an the date and haur and from the ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ESS	
Bb To share the	23a.	BURIAL, CREMATION, REMOVAI (SPECIEV)	1-17-81 GEORGETOWN A	CITY OR TOWN COUNTY	MA
DHMH-16 30M 2/80 (VRA 15, 4)	24	FUNERAL DIRECTOR NAME NEWS MEMORIAL CH	Bt. #2 Jersey Rd	250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA JAN 1 6 1981	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN DAY YEAR 2b. HOUR MONTH (TYPE OR PRINT) JOHN THOMAS NEWSOME DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE PRONOUNCED Male AA 67 YRS DEAD To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Wicomico DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Second Salisbury D BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD Salisbury 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE Md. Vicomico Second NO L 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE MIDDLE nie 17. INFORMANT 169. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES! 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Status Epilepticus minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E DEPARTMENT OF HEALTH CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET COUNTY STATE CITY OR TOWN WHILE AT WORK AT WORK STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 215 22a. I certify that I took charge of the remains described above, held an Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 1-6-81 DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Camden Ave., Salisbury, Md. Royer, M.D. TYPE OR PRINT 23a. BURIAL, 23b. DATE 23c, NAME OF CEMETERY OR CREMATOR 23d. LOCATION montezumo BP 24. FUNERAL DIRECTOR **DHMH - 17** Funeral Home, Salisbury, Md. JAN1 (VR A15 ME (5)) 15M 7/76

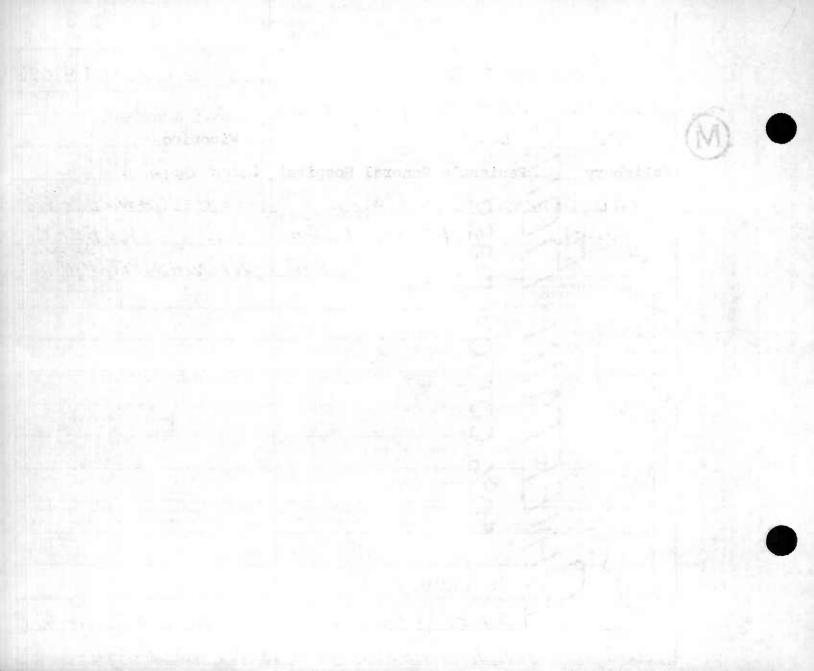


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Thomas William JANHANY 4 RACE 3 SEX A AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Jan. 24, 1896 White MALLE 10 To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico Maryland WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12g. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDLISTRY Peninsula General Hospital Ret. Janitor Salisbury Salis. Armory 13b. COUNTY Delmar 13d. INSIDE CITY LIMITS? Waller Road Wicomico Maryland NO PA 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME George W. Nichols MIDDLE LAST Dora J. Nichols 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17. INFORMANT LYES NO OR LINKNOWNI (IF YES, GIVE WAR OR DATES) Rt. #3 Delmar, Md. 220-10-9933 Howard Nichols no 18. CAUSE OF DEATH (Enter only one couse per line for (a), 18, and (c). PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 26 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? e d Hygier NO YES [NO [sha 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YFAR LIF EITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED ō 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the sow the deceased alive on . and that in ((my) Lour) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS shauld b 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Delmar Sussex Del. 1-7-1981 St. Stephens Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR CONTAILIR 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Marvel-Short Funeral Inc. Delmar, Home

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OR ATTEN DIRECTOR, ched for up Dept. of He		sow the deceosed olive on obove, (I) (ma) (did) (did and 22b. SIGNATURE	1/2/ 10	ond that in (my) (opinion opi	MEDICAL STAF	te and hour and from the causes stated 22c DATE SIGNED
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- STATE

REGISTRAR

automotive 130 STREET ADDRESS rd2 Log Cabin Road Salisbury, Md. phant rd2 Log Cabin Roda PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INPART 1/01 curry Vasulia 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 81 , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN (SPECIFY) burial Odd Fellows Cemetery aures 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Homer L. Disharoon box 678 Laurel Del

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

INDUSTRY

IF UNDER 24 HRS

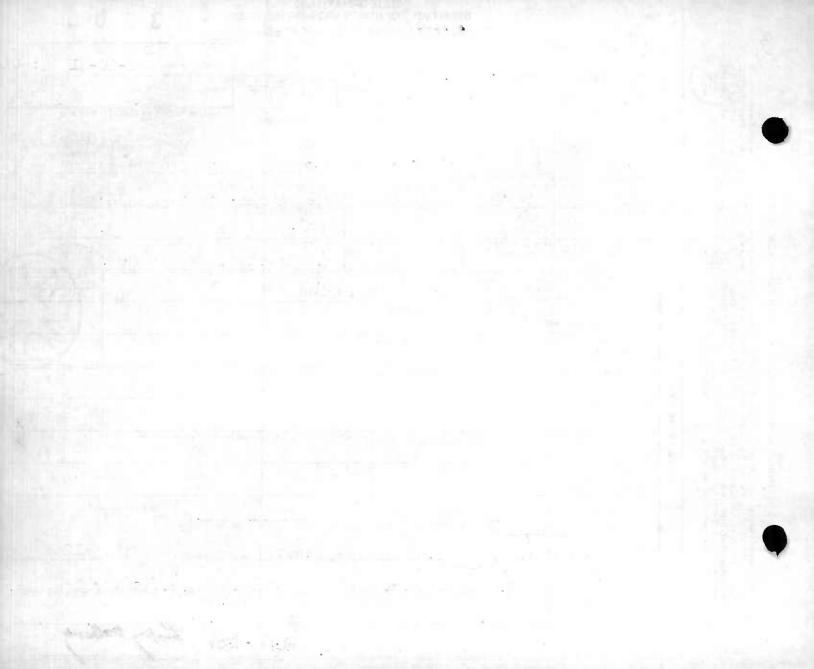
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		FOR	# DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	BENE 1 0	3 3 0 5
	-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
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200	3. SEX	()	4 RACE	S DATE OF BIRTH	& AGE LIN YEARS LAST BIRT	
		Male	White	Oct. 13, 1906	74	YRS. HOURS MI
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within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATE 1TYPE OF WORK FOR MOST OF	
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ages 1 the me	16a V		E WAR OR DATES)	RITY NO. 17 INFORMANT	Rt. 5	allsbury, Md.
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nt. The	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
sho	TEK				YES NO	IN CERTIFYING CAUSES OF DEATH?
urial transit perm Mental Hygiene d or Item 18 sho	CER	210 ACCIDENT WAS UNDERLYING	THOUSE A ME MONITURE	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
s cert	AL	OR CONTRIBUTING CAUSE OF DE	MIN .	AY YEAR		
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of He		220.1 certify that (I) (this hasp saw the deceased alive ar above. (I) twe ((did) (did)	4	DEGREE ATTENDING		122. DATE SIGNED
of He		220.1 certify that (I) (this hasp saw the deceased alive ar above. (I) twe ((did) (did)	all view the body ofter death.	DEGREE ATTENDING	death occurred on the do	122. DATE SIGNED
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· And	T	aylor	ville, A		SA	WIDOV			OMICO		MD.
C		alisbu		11. NAME OF HOSE (IF NOT IN SUCH FACE Penin	CILITY, GIVE STREET ADDR	(ESS)	Hospital	FOR MOST OF WORK HOUSEW	ING LIFE)	OR INDUST	USINESS TRY
4	SUAI 3a. ST	RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIV		MISSION)	113d. INSIDE CITY LIMITS?		S		
1		THER'S NAME			1 00110	Jul 1	15. MOTHER'S MAIDE				
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	(YE	S, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESSan	e as 13	
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Γ		18. CAUSE O PART I DE	F DEATH (Enter and ATH WAS CAUSED	y ane couse per line DBY:	for (o), (b), ond (c).	0007	naion		-7 LE	APPROXIMAT BETWEEN ONS	ET AND DEATH
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	_1	Condition	ns, if any, which	DOE TO, OK	AS A CONSEQUE	CE OF					
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\int	₹ [190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH (PERATION W	AS PERFORMED?			20. AUTOPSY	?
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	Σ	AT WORK	NOT WHILE E] SIKEET, FACTO	ORI, PARM, ETC.)		JINE!	CITY OR TOW	N	COUNTY	STATE
		22a. I certif	fy that I took charg	e of the remains desc	cribed abave, held	an Autop	sy , Inspectio	n , Inquiry	, ond in m	y opinion	77
		deoth resulte	ed from: Natur	ol couses 🔀	Accident,	Suicide	, Homicide .	Undetermined mor	6.5		
-1		ACTUAL	11	1			TITLE (SPECIFY)				
4		SIGNATURE_	10	5		M	Deputy	MEDICAL EXAMI	NER SK	TE 1/12	/81
2		EXAMINERS	NAME	. 3		110					
- 2		TYPE OR PRI	TION, REMOVAL 2		yer, M.		ADDRESS 409	Camden A	ve., Sa	lisbury	, Md.
1	(SP	arial						CITY OR TOWN			STATE
2		NERAL DIREC	TOR	L/12/81	Parso	asburg	Cemeter 250. DATE	VI PATSON REC'D. BY REGISTRAR	2 RECOTRAR	Wic M	α.
	HO	DLLOW	Y FUNER	RAL HOME				1 4 1981	1		.,
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ad Islands	Ma		or other institution UNITY Merset	13c. CITY OR TOW Rehobe	th Y	I INSIDE CITY LIMITS?	13e. STREET ADDRESS Rural	4		
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ond mentor hygiene prior to burial, cremation, or ked or hem 18 shows ony injury, or other traumatic	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, C	DR AS A CONSEQUE CONTRIBUTING TO I	ENCE OF		AINAL DISEASE OR CON	206. IF YES, V	VERE FINDING	
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with the State D	230	22d. PHYSICIAN'S NAME (IV)		[72 b		e. ADDRESS ETERY OR CREMATORY	123d. LOCATION		1	
80		Burial UNERAL DIRECTOR	1 .		ehobet	h Pres.Cer	CITY OR TOWN	th Som	erset	Md.

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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE

CERTIFICATE OF DEATH

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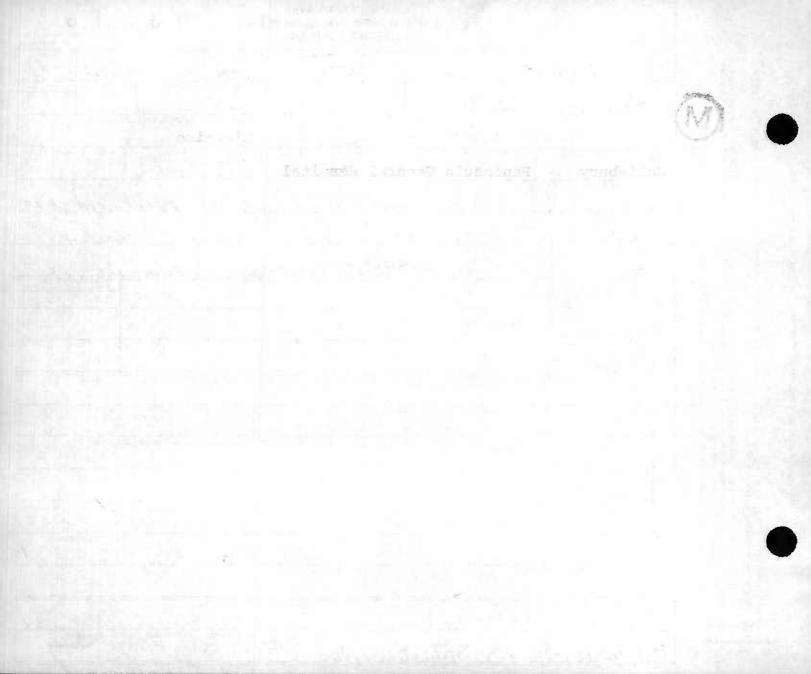
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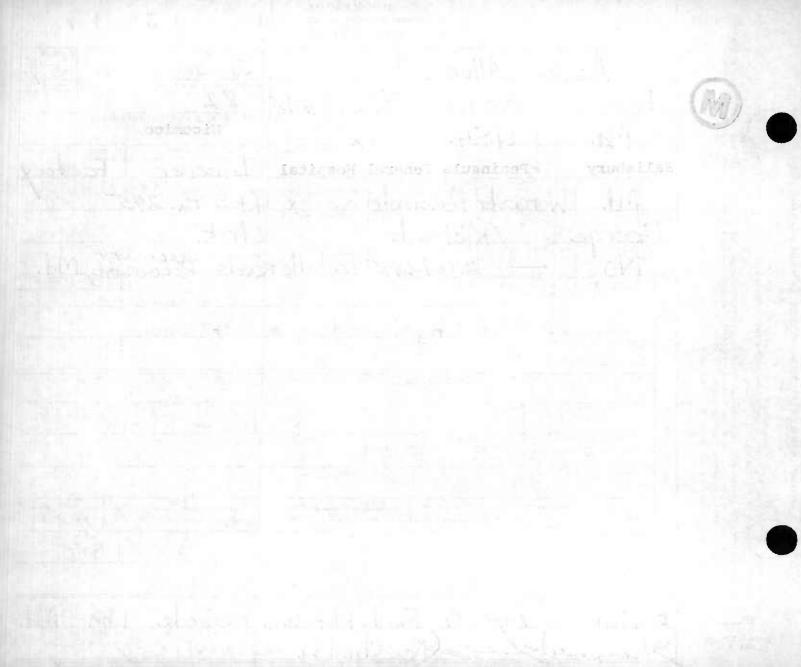
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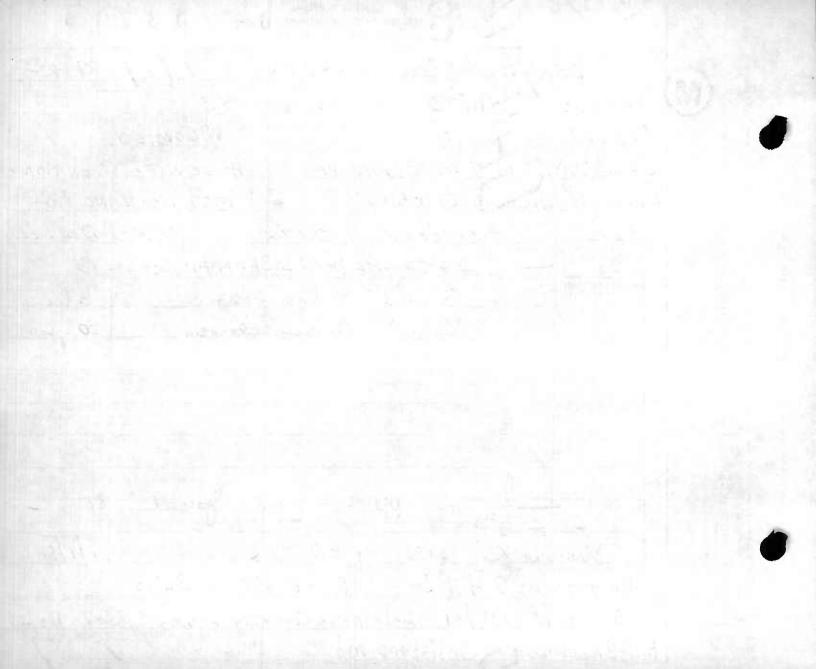
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TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:	23a	22d PHYSICIAN'S NAME (THE	Ruffetto P614
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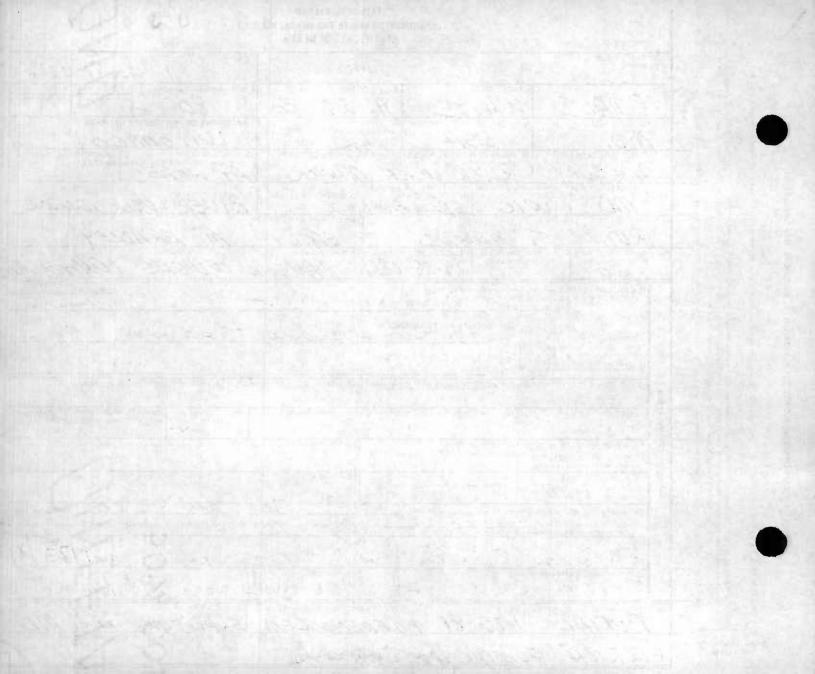




11		1	STATE OF MARYLAND
4		1.	FOR DEPARTMENT OF HEALTH AND MENTAL BGIEN 3 3 1 5
1			REGISTRAR CERTIFICATE OF DEATH REG. NO.
		I. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH MONTH PAY YEAR 28. HOUR CASED NAME OF DEATH PAY
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ZD 2	24 ho	130.	STATE 136 COUNTY 136 COUNTY 136 INSIDE CITY LIMITS? 136 STREET ADDRESS WOODLAND Rd.
YLAI	i	I4LE/	ATHER'S NAME IS. MOTHER'S MAIDEN NAME
MAR	» 11 22	1	NEIL MACLEAN SAGE MODE MAC DOWEZL
	e execut n and c Pages medical		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO ORUNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIMORE	on ond or Pages		No 1- 214-74-419A DEAN L. ShArrAr See Sec 13
BALI	icote hysicic oxal.	1	18 CAUSE OF DEATH lEnter only one couse per line for IoI, IbI, and Ic PART I. DEATH WAS CAUSED BY:
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	spito CTO CTO I for of h		sow the deceased alive on 19 , and that in (my) () apinion death occurred all the date and hour and from the causes stated above, (1) () (did) (did, or) view the body after death.
	OR / e ha DIRE ocheo Dept	-	226. SIGNATURE DEGREE 221. DAYE SIGNED
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	T 5 F 2 > 7	23a. (BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 114 LOCATION COUNTY STATE
	BP		UNERAL DIRECTOR
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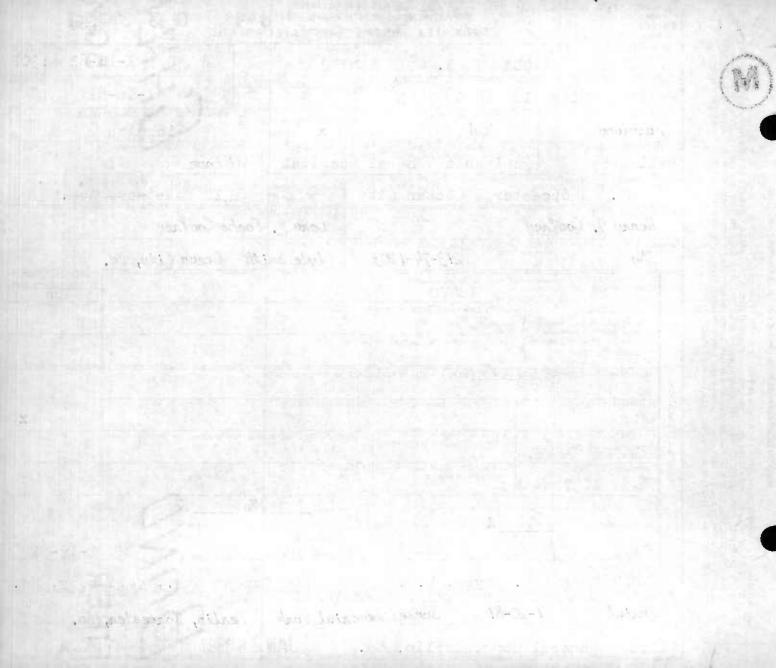
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d the	05	ALISBURY	11. NAME OF HOSPITAL, N (IF MOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND O INDUSTRY	F BUSINESS OR
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E, MARYLAND completely filler completely filler completely filler completely filler completely filler	21	ATHER'S NAME IRUIN 5	MIDDLE LAS		S. MOTHER'S MAIDEN NAME SALLY	ME MIDDLE	BRAD	LEYMS	т
BALTIMORE, ote be execut spers. Poges 1 vol. t, the medical	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL 2/8-3	18-0837	7. INFORMANT	W COLLE	105 - C	1041	TOU MI
201 W. PRESTON ST., set that the death certificated by the attending phypleose remove carbong virol, cremation, or rema	z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CON:	SEQUENCE OF	Clew Lic	INAL DISEASE OR CON	Dea 20	Vine.	MATE INTERVAL ONSET AND DEATH ELLE ELLE OTHER
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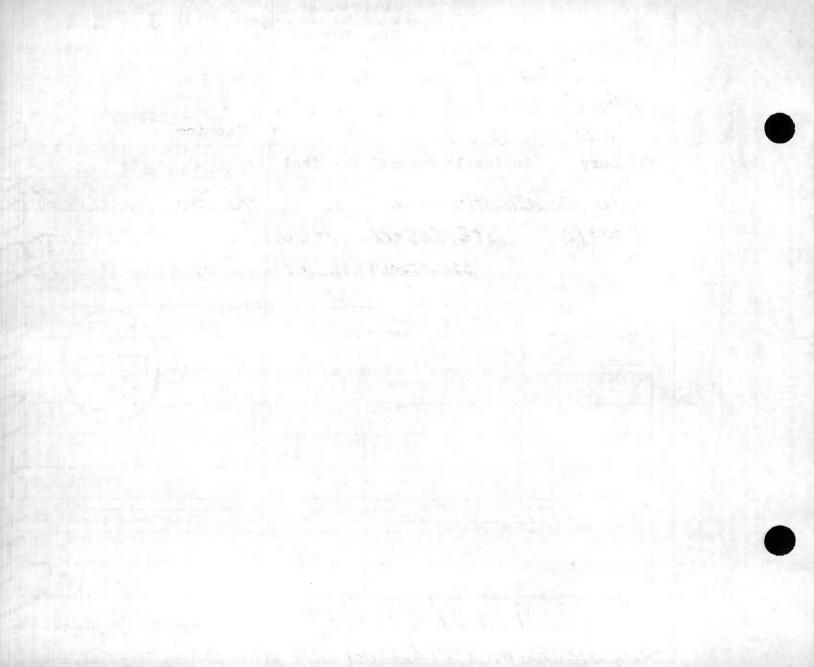


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4 culium 1 al.		STATE REGISTRAR	MED	ICAL EXAMINE		ERTIFICATE OF		REG. NO.		
613		CEASED NAME FIRST E OR PRINT)	IOLA	B.	SM	LTH	20. DATE NOF DEATH	ESTI- MATED 1	L-16-81 6	30P
N STREE	3. SEX	emale White	5. DATE OF BIRTH	1897 BY YEAR	IF UN	DER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUN DEAD	CED 1-1	L6-81	2d. HOUR
CESS NERA WITHIN PRESTO		RTHPLACE (STATE OR REGION COUNTRY) RECYCLISED	76. CITIZEN OF WH			ED NEVER MARRIED		Wicomi	OUNTY OF DEATH	
LAY IS NE PAGE 5 301 W	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BU OR INDUSTRE PENINS UT & GREET ADDRESS) OR INDUSTRE PENINS UT & GREET ADDRESS OR INDUSTRE OR INDUSTRESS OR INDUSTRES							
NY DE STAIN OF CORDS	USU/	AL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIV		N)		3e. STREET ADDRES	LOT N	Balto, Ave	0.
MD. 21 ATH. IF PM 3. ID 2 SH VITAL B	14. FA	ATHER'S NAME HERRY J. Godfre		LAST	<u> </u>	15. MOTHER'S MAIDEN DONIL E. H	NINUE		LAST	
AFTER AFTER IVE PAGES 1 GES 1 SION OF	16a V	VAS DECEASED EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURITY 213-74-120		17. INFORMANT (Lyde Smix		ADDRESS	Md.	
TED WITHIN 24 HOL TED WITHIN 24 HOL A PENCIL IN ITEM 18 XAMINER ALONG MALTRANSIT PERMIT MENTAL HYGIENE, I REMOVAL.		IB. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	BY: CAUSE (a) DUE TO, OR (b)	for (o), (b), and (c).) SCVD AS A CONSEQUENCE O					APPRÖXMATI BETWEN ONSE YOA'S	TAND DEATH
ULD BE EXECUTED BE EXECUTED BE EXECUTED BE EXECUTED BE FE MEDICAL BEED AS A BURITH AND CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH B	UT NOT RELATED TO THE TERMIN	NAL OISEASI	OR CONDITION GIVEN IN PART	l (α).			
ITAL RECOR	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ON FOR WHICH OPERA	TION W	AS PERFORMED?		15	20. AUTOPSY	NOX
LERTIFICATE SHC ING THE WORD ED TO THE CH SHOULD BE U DEPARTMENT OF	CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		INJURY MONTH DAY YEAR 19	21c. HC	OW INJURY OCCURRED	ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)	
DIVISIO HIS CERTIF WRITING YARDED T VARGE 3 SH AGE 3 SH ATE DEPAI	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		F INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOW	/N	COUNTY	STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 212		220. I certify that I taak charge	/ 5==	ribed obave, held an Accident, Suic		Hamicide , TITLE (SPECIFY) Deputy	Undetermined ma	nner .	my apinian DATE 1-19-	81
TO MEDICA EXECUTE IN PAGE 4 SP TO FUNER PAFTER DEA PAFTER DEA		EXAMINER'S NAME Earl	L. Roye	r, M.D.		ADDRESS 409 CE	amden Av	7e., Sa	alisbury,	Md.
Bb	(5		-20-8/	Sunset /	lemo/	R CREMATORY TIGHT PURK 1250 DATE DE	Berlin,	Worces		TATE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	-	uneral director Llrich Funera	1 Home,			ZJO. DATE KE	2 6 1981	Pinks	AR'S STGNATURE	



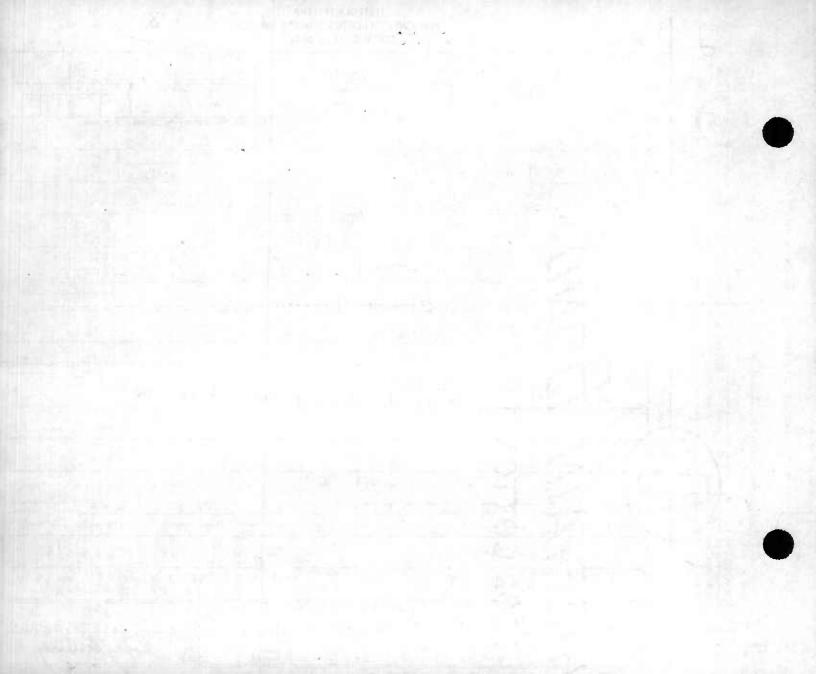


STATE OF MARYLAND

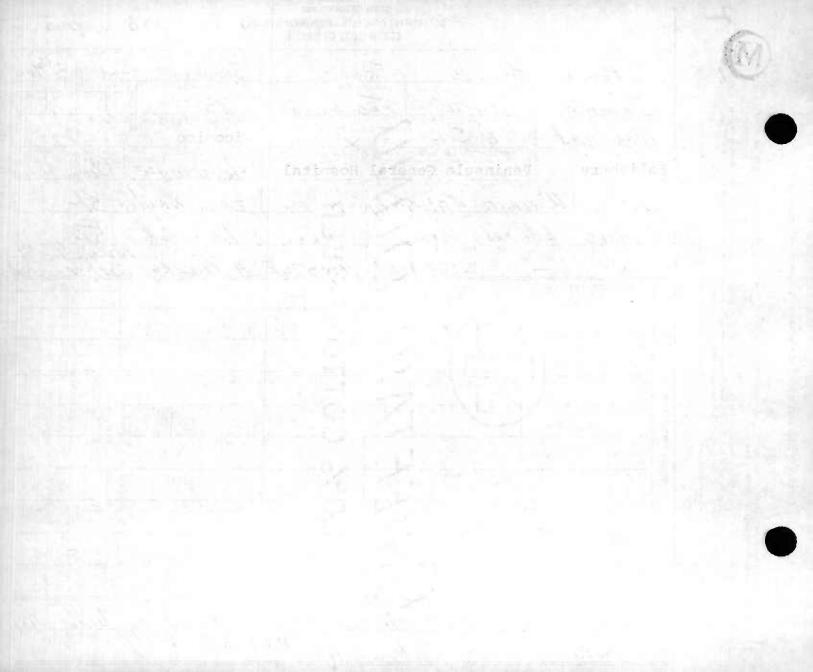
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1	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HAG ICATE OF DEATH	GIENE U	3	3 2 .	5			
		CEASED NAME FIRST E OR PRINT) Maggie	Myrtle		aylor	20 DATE OF DEATH	31.	DAY YEAR	26 HOUR			
	3 SE		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
		emale	White	Oct.	23, 1897	83	YRS		HODKS MIN			
35	Ma	IRTHPLACE STATE OR FOREIGN ATYLAND	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF WICOMICO	OR COUN	TY OF DEATH	MD			
100	Fr	uitland	11. NAME OF HOSPITAL, NURSING (15 NOT IN SUCH FACILITY, GIVE STREET 106 MOORE AVE	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE	OF WORKING	LIFE) INDUSTRY	F BUSINESS OR			
Sunst be	130	STATE 136 COU	onico Fruitla	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 106 Mod	ore .	Ave.				
examine		athers name .exander	W. Hopkir	ns	Sally	ME MIODLE A		Jones	т			
medicol	160 V		RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 218-16-7		17 INFORMANT (SC Mr. J. Wayn			rvest L lisbury				
njury, or other troumo	NO	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse io), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COOPS AS A CONSEQUENCE OF LC1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COOPS AS A CONSEQUENCE OF LC2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COOPS AS A CONSEQUENCE OF LC2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COOPS AS A CONSEQUENCE OF										
kuo smo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	1	200 AUTOPSY? YES NO	IN CER	YES, WERE FINDIN TIFYING CAUSES YES	NGS USED OF DEATH? NO			
or Item 18 shows	t .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 1	8, PART 1 OR PART 2)				
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
MPORTANT: If Item 21 is marked		22a. I certify that (I) (this hospital) attended the deceased from 1990, 1990, to 129, 1990, that (I) (we) loss aw the deceased alive an above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes stated above, (I) (we) loss idea and hour and from the causes are the cause and hour and from the causes are the cause and hour and from the cause are the cause and hour and from the cause are the cause and hour and from the cause are										
PORTANT		22d. PHYSICIAN'S NAME (TYPE C	R. HEDA		1224 ADDRESS	HYSICIAN DIRECTOR PHYSICIAN						
≧		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Siloam	, Wic	county Mar	yland			
6		UNERAL DIRECTOR LLOWAY FUNER	AL HOME, Salis		250. DAT	e rec'd. by registrar B 1 1 1981	25b	Jan Ste	heady			

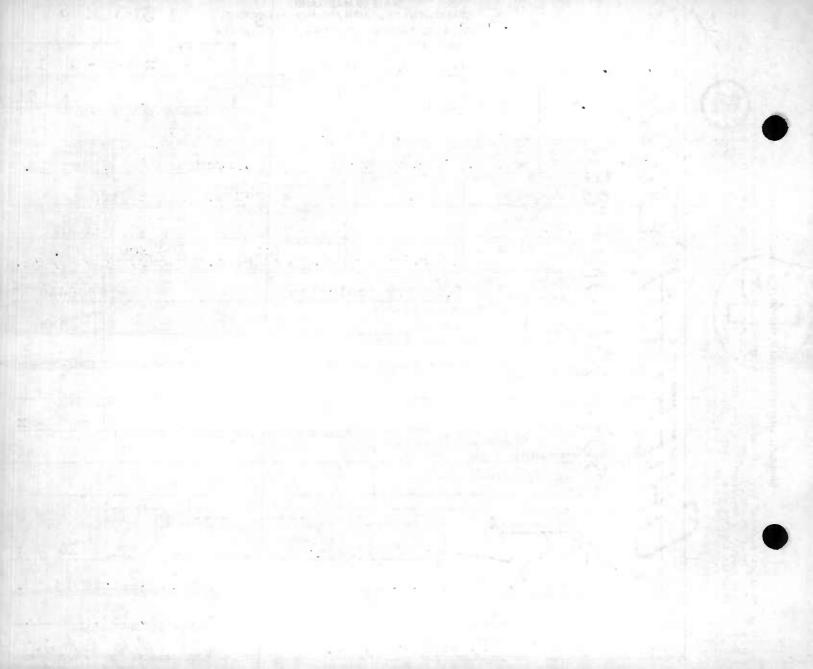
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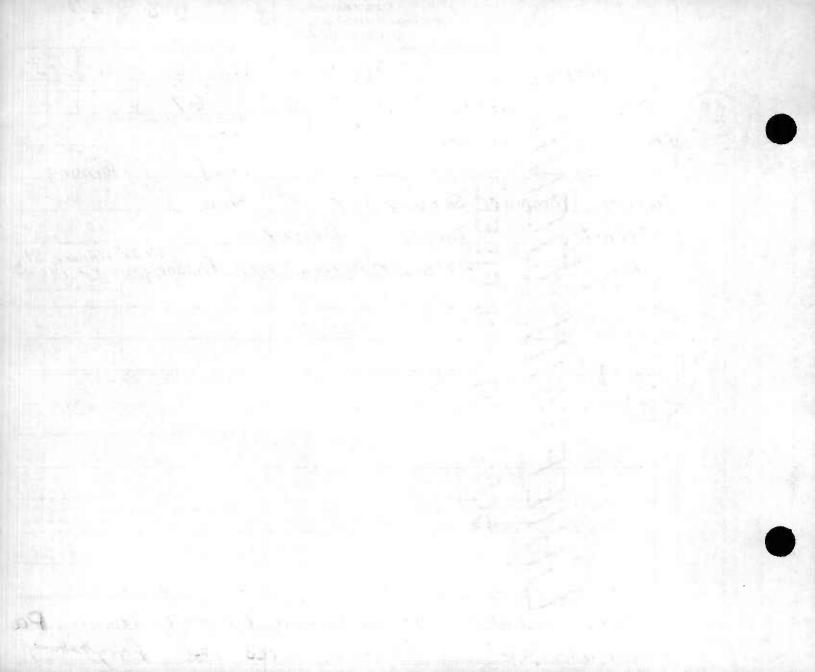
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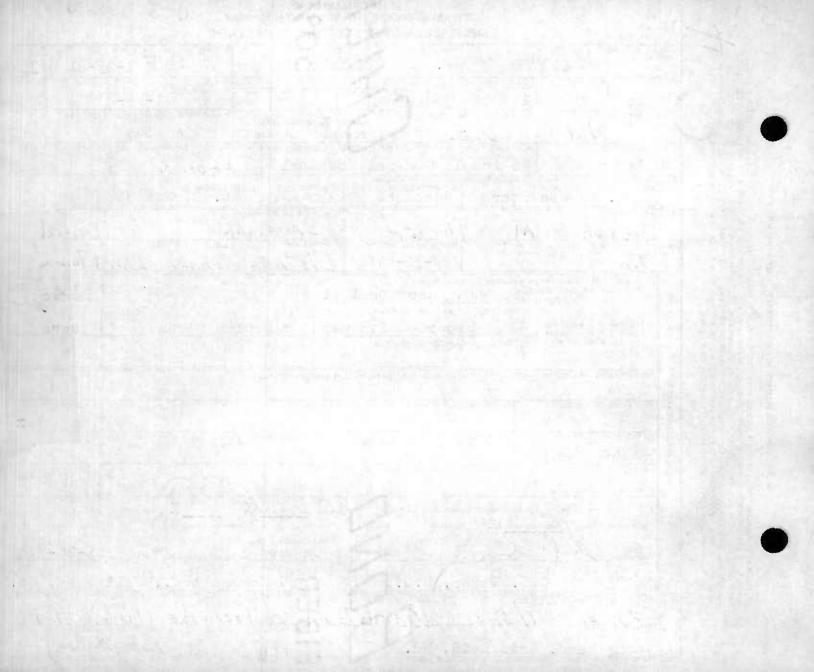
	REGISTRAR CEASED NAME FIRST E OR PRINT)	WIDDLE	XAMINER'S C	LAST			ONTH DAY YEAR	2b. I
8	, Mildr	ed Benn	ett T	rader	DEATH	MATED 🔀	1-23-67	1
3. SE	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	WO	ONTH DAY YEAR	2d.
F	emale White	May 17,1899	81 YRS.	15. DAYS HOURS	DEAD	Jan.	23 1981	9
FC FC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRI	ED NEVER MARR	IED 9. BALTIM	ORE CITY OR CO	OUNTY OF DEATH	
) Ma	aryland	USA	WIDOW		11.20	OMICO	1000	
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME, OR OTH	ER INSTITUTION	12a. USUAL OCCUI	PATION (TYPE OF W	ORK 12b. KIND OF BU OR INDUST	
	ebron	402 E. Wal	nut Stree	et	Seamst	ress	Shirt	Co
USU.	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN	ITY 13c CITY O		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
M	aryland Wic	omico Heb		YES NO	402 E. V	Walnut	Street	
14. F	ATHER'S NAME	MIDDLE L	AST	15. MOTHER'S MAID	M	IDDLE	LAST	
01	cietus Wilt	on Owens		Jose	phine	(unknown)	
16a. \	VAS DECEASED EVER IN U.S. AR.	WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT	on)	104 HC	ward St.	
No)	216	-07-6299			Frader,	ward St. Hebron,	N
	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one cause per line for (o), (b),					APPROXIMATE BETWEEN ONSET	INTER T AND
		TE CAUSE (o)	nary Occ	lusion			sudde	
IFICATION	4100	DUE TO, OR AS A CONS					100	
	Canditions, if ony, which gave rise to immediate	(b) A300 V					year	'S
	couse (a) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF					
		(c)						
-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).			
15	19g. DATE OF OPERATION	Trail CONDITION FOR W	WINCH OPERATION W	AC DEDECORMENO				
ICA ICA	190. DATE OF OPERATION	19b. CONDITION FOR W	THICH OPERATION W	AS PERFORMED?			20. AUTOPSY?	,
CERTIFICATION	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	[21, 110	OW INJURY OCCURRE	The service and the service an	WIND IN 1975 1 10 0 1 7 7 1	YES 🗆	N
	UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRE	D LEWIER NATURE OF INJ	IUKT IN ITEM 18 PART 1	OK PART 2)	
MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 21e PLACE OF INJURY	19	CATION				_
MEC	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC		TREET	CITY OR TO	WN	COUNTY	
	AT WORK AT WORK						155 300	
	22a Lacatifu that I tank about	ge of the remains described abov	e, held an Autaps	sy , Inspectio	n X, Inquiry	y, ond in r	my opinion	
13	224. I Certify mar Hook chart					_		
1	0	ng couses X. Accident	L, Suicide L.	, Hamicide	Undetermined mo	onner,		
	death resulted from:	Accident	L, Suicide L	TITLE (SPECIFY)	Undetermined mo		- 0/	
	0	Accident			Undetermined mo	D	ATE 1/26	_/
	death resulted from: Notus	7	M	TITLE (SPECIFY) D. Deputy	MEDICAL EXAM	AINER S	PATE 1/26	_/
)	death resulted fram: Natur	Royer,	M.D	TITLE (SPECIFY) D. Deputy ADDRESS 409 C	MEDICAL EXAM	AINER S	PATE 1/26	
(death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL CREMATION, REMOVAL URIAL CREMATION, REMOVAL	. Royer,	M	TITLE (SPECIFY) D. Deputy ADDRESS 409 C	MEDICAL EXAM	AINER S	lisbury,	M
Bi	death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (ITYPE OR PRINT) URIAL-CREMATION REMOVAL	Royer, 236. DATE 236. N.	M.D	TITLE (SPECIFY) D. Deputy ADDRESS 409 C	MEDICAL EXAM	NINER S	lisbury,	IV FATE



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		0 3 3 2 /
÷ c ÷		CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
dead T	3. SE.	MICHAEL	E	S. DATE OF BIRTH	6. AGE (IN YEARS LAST I	CY 29,1981 3 A BIRTHDAY) FUNDER 1 YEAR IF UNDER 24
(May 15		MALS	NEGRO	MONTH 10 YE	3 6	7 YRS. MONTH'S DAYS HOURS
	70. B	OUNTRY)	ZEN OF WHAT COUNTRY	MARRIED NEVER MARRIE	D '	OR COUNTY OF DEATH
offer the office of willing	10 C	TY OR TOWN OF DEATH 11. NA	AME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION		TION 12b. KIND OF BUSINESS
5 9 E 50 C		alisbury P	eninsula (General Hospi	tal retired	tarming
filled in hould be in must be	IV	AL RESIDENCE (IF NURSING HOME OR OTHER IN TATE TRUE COUNTY ACYLAND WICOMI			1/	5
ompletely ond 2 sl	14. FA	MICHAEL MIDDLE	TURN	er DAIS	ENNAME	₹ ⁵⁵¹
n ond co		VAS DECEASED EVER IN U.S. ARMED FO (15), NO ORUNKNOWN) (IF YES, GIVE WAR OR			Turner Phil	Adelphia Pa 191
rtificate by physicia on popers emaval.		18 CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSED		Wester-Pural O	alm	BETWEEN ONSET AND DE
	-50	2 1 2 1	JE TO, OR AS A CONSEQ	UENCE (1)		
s that the death ce ed by the ottendin please remove carb rial, cremotion, ar or ather traumatic		Conditions, if any, which gove rise to immediate	(b)	Corne Co	LUM "SAL	
by th ase re I, crer ather		underlying cause lost.	JE TO, OR AS A CONSEQ	UENCE OF		
quire signe hen p ta bu njury,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	ions contributing to	D DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CO	,)
bee mit.	CERTIFICATION		CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
TENDING PHYSICIAN: The low pital or attending physician. TOR: After this certificate has be for use as the burial-transit perm of Health and Mental Hygiene pr 21 is marked or them 18 shows an		OR CONTRIBUTING CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART OR PART 2}
PHYSIC ending this cer ne burio nd Meni d or Ite	MEDICAL		P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR	TOWN COUNTY STA
offer the osther the osther shone	Σ	AT WORK NOT WHILE AT WORK	HOME, STREET, PACTORY, OFFICE	E PARM, ETC J		do a total
OR ATTENDI e hospital ar DIRECTOR: A oched for use Dept. af Heol		22a. I certify that (I) (this hospital) atte sow the deceased alive an above, (I) (we) (did) (did not) view t	1 28	C	pinion death occurred on the	dote and hour and from the couses state
the host the host N DIREC etoched te Dept.		226. SIGNATURE & along	_	DEGREE ATTEND	ING MEDICAL ST	AFF ICIAN 1-29-5
HOSPITAL high thing of the Store of ORTANT: If	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)		22e ADDRESS	IAN A DIRECTOR PHIS	ICIAN
TO HOSPITAL retained by the TO FUNERAL Ishould be deto with the Stote IMPORTANT: If		S. ALBERT ABRO	ins mb.	PGHMC	SALISBURY	mb 21801
5 6 E 4 3 8	23a. I	SURIAL, CREMATION, REMOVAL 23b. (NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY ST
BP	24 F	BURIAL I-	31-81 /	VIT. Zion Cemete		RICE DELAWARE ARIZON REGISTRAN'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)		I'M Memorial Chai	ADDRESS	Salis Mal	FEB 2 198	Richard Stonature



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OLIVER W. TURNER DEATH MATED AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS SEX LAST BIRTHDAY) PRONOUNCED 1-25-81 Male DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Wicomico 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS O CITY OR TOWN OF DEATH II. NAME F HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Hospital General R OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSIONIL Rt. 2, Box 387 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Morcester Md. Pocomoke 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CHYZ 17. INFORMAN ADDRESS 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OBJUNKNOWN) (IF YES, GIVE WAR OR DATES) 220-32-0764 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Coronary Occlusion sudden DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Hypertensive Cardiovascular Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 26. AUTOPSY? TO BURIAL, YES NO NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Hamicide TITLE (SPECIFY) 1-26-81 EXECUTE THE CIPAGE 4 SHOULD FUNERAL DATE DE ATTER DEATH, V BALTIMORE, MA Deputy SIGNATURE ADDRESS 409 Camden Ave., Salisbury, Md. Earl L. Noyer, M.D. 73a BURIAL CREMATION REMOVAL 23b. DAJE RAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR 1256. REGIS Extern Mc Breide Anthony Ward, Crisfield, Md. (VR A15 ME (5)) 15M 7/76



-	FOR STATE REGISTRA
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

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0	3	O	dine	*

REGISTRAR		CERTI	IICAIL OF DEATH	REG. N	0.		
. DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(TYPE OR PRINT) Stanf	ord F.	TV	VILLEY	Januar	4:30 M		
3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
MALE	WHITE	BI	C.4 , 1899 *	8I	YRS.	ONTHS DAYS	HOURS MIN.
d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	JNTRY? 8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		OF DEATH	MC
O. CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV Deer! S Hea	VE STREET ADDRESS)		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST C	ON OF WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF HURSING HOME OF 130. STATE MD. WIC		SBURY	13d. INSIDE CITY LIMITS?	13 TOS VAN	BUREN	DR.	
FRANCIS L.	PWILLEY	AST		E S. MÖRR		LAS	ST
60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA	AL SECURITY NO.	MRS. ANN H.	TWILLEY		SBURY	,MD.
PART 2. OTHER SIGNIFICANT (PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR	NG TO DEATH BUT	and a state of the	IN AL DISEASE OR CON	20b. IF YES,	WERE FINDI	NGS USED
¥				YES NO	NG CAUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEA	P.M.	TH DAY YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	1/22	19 P	and that in (my) (bur) opinion of	death accurred on the d	ote and hour		
22b. SIGNATURE	any		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF IAN D	1/2)	SIGNED
22d PHYSICIAN'S NAME (TYPE OF	wang, M.D.		22e ADDRESS Deer's Hea	d Center, S	alisbu	ary, Mc	21801
BURIAL, CREMATION, REMOVAL BURIAL	1/26/8I		CEMETERY OR CREMATORY NS CEMETERY	23d. LOCATION CITY OF TOWN SALISE	SURY.	COUNTY MD.	STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar ather traumatic event, the medical exam

24 FUNERAL DIRECTOR

SALISBURY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

LEVIN R. WILSON KKKERSXXXXXX. MD.

AN 2 C 1081

Richary Mc Credy

The same that the same and the same and the same and the alter a safetime The British Committee of the State of the St TOWN THURSDAY THE STATE OF THE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYSIENE

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	RE	GISTRAR		MEI		XAMIN	ER'S C	CERTIFICA	TE OF	DEATH	REG.	NO.			
T		ASED NAME	FIRST	3.7	MIDDLE			LAST		20. DATE OF	KNOWN ESTI-	MONT	TH DAY	YEAR	26 HOUR
			Nathar	1			W	alker			MATED		15	19 81	M
3.	. SEX	ale E	CE Slack	2 8	YEAR 55	LAST BIRTHDA	ARS IF UN	DER 1 YR. IF	UNDER 24	4 HRS. 2c. DAT MIN PRONOU DEA!	INCED	ТИОМ	DAY 15	YEAR 19 8 1	6:26
0 7	a. BIRT	HPLACE (STATE OF		L CITIZEN OF WH			8	IED NEVER	A A PRIES	Y 9. BALTIA	MORE CIT	Y OR COU			10
V		ALIA. G	Α.	U.S.	.A.	-	WIDOW		DIVORCED		omico	Coun	tv.		MD
	0. CITY	ORTOWN OF DI		11, NAME OF HOS (IF NOT IN SUCH FAI Peninsu	PITAL, NURS	EET ADDRESS)			Z 1	FOR MOST OF WOUNDEND	JPATION (TYPE OF WOR	K 12b. KII	ND OF BUI	SINESS
	JSUAL	RESIDENCE (IF IN P		OTHER INSTITUTION, GIV	E RESIDENCE BE	FORE ADMISSIO	ON)								
		RYLAND	WICO	MICO	SAL	ISBUI	RY			3e STREET ADDR Cather	rine	Stre	eet		
Salisbury USUAL RESIDENCE (IF IN NURSING HOM 130. STATE MARYLAND 14. FATHER'S NAME ISOM ISO		LEH	MIDDLE				15. MOTHER'S MAIDEN NAME					[GGI	GINS		
1	60. WA (YES,	S DECEASED EVE NO, OR UNKNOWN) NO	R IN U.S. ARME		16b. SOC1.	AL SECURITY	NO.	WALTI		MITCHEI	ADDRE	FSS	Edg		d Ci
		Canditions, if gave rise to cause (a) static lying cause las	immediate ag the <u>under</u> t.	DUE TO, OR (b) DUE TO, OR (c) INTRIBUTING TO DEATH	AS A CONS	EQUENCE (OF OF	eft shou							
1	CERTIFICATION	9a DATE OF OPER	RATION	196 CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFORME	D?				20 A	UTOPSY?	
	H.	- FVTEBALAL CA	ICE VIAC	011 TIME 22			Las							res 🛚	NO 🗆
		IO EXTERNAL CA INDERLYING ONTRIBUTING	OR	216. TIME OF HOUR AND 12:32M	XMONTH I	DAY YEAR 15 1981	s	ubject		(ENTER NATURE OF IN	N)URY IN ITEM	1B PART 1 OR	PART 2)		
	MEDICAL	Id. INJURY OCCU	RRED	21e PLACE C	OF INJURY ORY, FARM, ETC	(AT HOME,	21f. LO	CATION		CITY OR TO	Oracel		COUNTY		MD
Ш	*	VHILE NO	T WHILE X	st	reet	-1	Wes	† Main	& De	laware A	lve.,	Salis	sbury	,Wico	
7	AS	22a I certify that death resulted from CTUAL IGNATURE	m: drow	of the remains des	Accident [will shi	Ti I	Hamicide TITLE (SPEC	CIFY) Chi	Undetermined m Contact EXAMEDICAL EXAME	MINER	and in my DAT SIG	IE NED	/16/	81
	0	YPE OR PRINT)						ADDRESS					, 110		
L	(SPE	IAL, CREMATION CIFY) URTAL JERAL DIRECTOR	REMOVAL 23h	/18/81	Gr	een /	Acre	S Mem	Pk	23d LOCATION CITY OF TOWN Salis C'D. BY REGISTR	bury	~ 1	OUNTY Comi		ATE .
			emoria	al Chape	Rt.2 el Sa		Md	Ku		22 1981	A	Papay.	heb	Levely	

detinantes barrest Serior at the content of the content ALE ENOUS LERNOMOUS ROLLING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH January 1, 1981 9. BALTIMORE CITY OR COUNTY OF DEATH 17h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Box 85LAST

Ida S. Hickman see item 13

with congestive heart failure,

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

DIRECTOR PHYSICIAN

Deer's Head Center, Salisbury, Md. 21801

Talbot, Md. Spring Hill Easton 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Easton, Md. Newnam Funeral Home

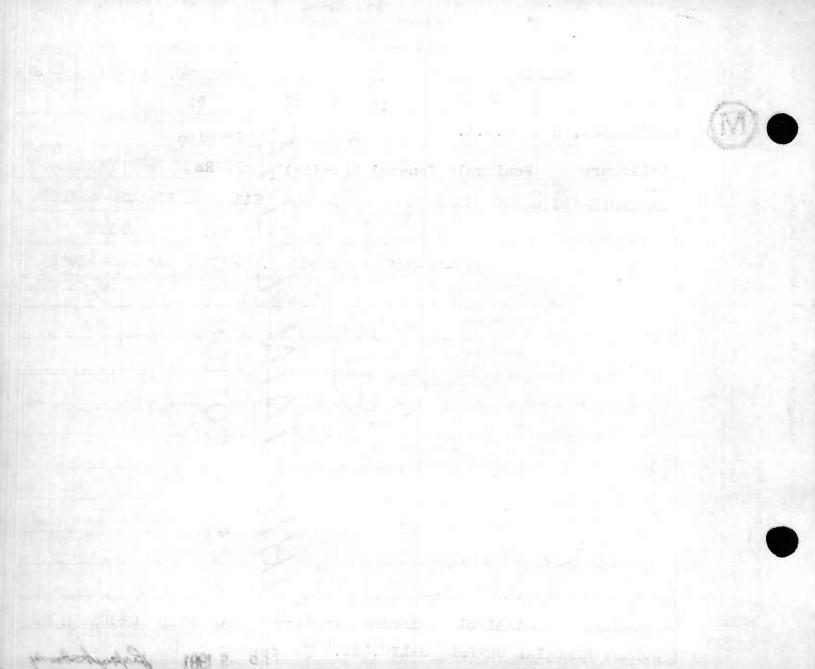
COUNTY

STATE

FOR - STATE

REGISTRAR I. DECEASED NAME STATE OF MARYLAND

applicable of the second of th



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